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COMPARISONS OF EMOTIONAL AND BEHAVIORAL PROBLEMS REPORTED BY PARENTS AND TEACHERS IN THREE ETHNIC GROUPS LIVING IN ROMANIA: A PILOT STUDY

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Comparisons of Emotional and Behavioral Problems Reported by Parents and Teachers in Three Ethnic Groups Living in Romania: A Pilot Study

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Abstract

The goal of the present study was to measure the level of inter-observer (parents/guardians vs. teachers) agreement regarding children's social, emotional, and behavioural problems assessed through parent and teacher reports belonging to Romanian, Hungarian, and Roma ethnic groups living in Romania. Overall, 467 children were selected for the current study with a mean age of 11 years ($SD = 3.78$), ranging between 6 and 18 years. Of these, 248 (53.1%) were females, and 219 (46.9%) were males. In addition, 302 (64.7%) were identified as Romanian by their guardians, 136 (29.1%) as Hungarian, and 29 (6.2%) as Roma. Of the guardians, 400 (85.7) identified themselves as biological parents of the children; 24 (5.1%) as adoptive, foster, or step parents; and 43 (9.2%) declined to reveal their status and/or missed this information. Concerning the teachers, 378 (80.9%) were females, 66 (14.1%) were males, and 23 (4.9%) declined to reveal their gender and/or missed this information. The results showed that parents' assessments (CBCL/6-18) had significantly higher scores (more unfavourable) than teachers' assessments (TRF) for Romanian and Hungarian children and these results are comparable with previous published research. Surprisingly, Roma children's parents scored them statistically significantly lower (more favourably) than did their teachers, suggesting that parents could have different decision thresholds with regard to identifying behavioural problems in Roma children.

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This pilot study provided valuable insight regarding disagreement between parent and teacher assessments, showing for the first time inter-observer discrepancies among assessment scores for Romanian, Hungarian, and Roma children.

Keywords: social problems, behavioural problems, emotional problems, Romania, children, Romanian, Hungarian, Roma.

Introduction

Comparisons between parent and teacher reports of children's social, emotional, and behavioural problems generally show only modest agreement (Achenbach *et al.*, 1987; de Los Reyes & Kazdin, 2005). This lack of inter-observer agreement could be due to variation in children's behaviours in different contexts (situation-specific behaviour of children at home and school) (Achenbach *et al.*, 1987; de Los Reyes, 2011; de Los Reyes, Henry, Tolan, & Wakschlag, 2009), and/or that different observers, who have different characteristics, may vary in their ability to notice problematic behaviours (Achenbach *et al.*, 1987; de Los Reyes, 2011; de Los Reyes, Henry, Tolan, & Wakschlag, 2009; Tarren-Sweeney *et al.*, 2004; Youngstrom, Loeber, & Stouthamer-Loeber, 2000). Importantly, this variability across parent-teacher reports has also been observed across 21 different societies (Rescorla *et al.*, 2014), including other European countries such as Italy (Frigerio, Cattaneo, Cataldo, Schiatti, Molteni, & Battaglia, 2004), Greece (Roussos, Karantanos, Richardson *et al.*, 1999), Croatia (Rudan, Begovac, Szivovicza, Filipovic, & Skocic, 2005), and other countries around the globe (Satake, Yoshida, Yamashita, Kinukawa, & Takagishi, 2003; Woo *et al.*, 2007).

However, the variability across informants could also be affected by differing characteristics of various ethnic groups living in a particular society. In Romania, there are three main ethnic groups, Romanian, Hungarian, and Roma (Gypsy), and some differences among these groups could be revealed through assessments of children's social, emotional, and behavioural problems. Therefore, any comparison of children's behaviours should also take in account the cultural and socioeconomic status of these groups. Accordingly, Tamás, Barna, and Kozak (2010) reported slight differences in living standards and quality of life between Romanians and Hungarians, with the latter having a better situation. However, quality of life is totally different for Roma. According to the latest country progress report (European Commission, 2015), the Roma population in Romania has the worst scores in key areas, such as low employment (characterized by many low-skilled jobs, undocumented and under-employment, and high unemployment); high poverty (disposable income of about 80% of Roma households fall below the national poverty risk level being the lowest of all the European Union member states; the poverty risk rate for Roma is almost 3 times higher than among non-Roma); and social exclusion and segregation (significantly more Roma living in shanty neighborhoods and overcrowded housing than non-Roma).

In terms of education, despite major reforms in recent years, challenges remain and they affect Roma to a larger extent than other ethnic groups. According to a regional study on Roma (United Nations Development Programme, World Bank, & European Commission, 2012), the early school dropout rate is almost two times higher for Roma than for the rest of the population. In addition, about 14% of Roma older than 10 years are illiterate, and about 20% of Roma never went to school. Educational outcomes of Roma are considerably lower than that of non-Roma. For instance, only 32% of Roma children (ages 3 to 6 years) attended a school for preschool or kindergarten, versus 77% of their non-Roma neighbors, and only 10% of Roma (ages 25 to 64 years) attended a secondary school, in stark contrast to 58% of their non-Roma neighbors (United Nations Development Programme, World Bank, & European Commission, 2012). The level of segregation in schools and classes still has a negative impact on teaching and learning, with recent studies showing that segregation affects between 31% and 60% of schools in areas with a higher share of Roma population in Romania. There is also a strong correlation between segregation and the low quality of education determined by factors such as poor school infrastructure, limited educational resources in segregated schools, and low qualification of teachers with high turnover (World Bank, 2014). Despite the fact that Roma children have expressed high aspirations for the future, teachers regard them as unmotivated and uninterested. Furthermore, the general perception among older Roma parents was that the situation has worsened for the current generation of children who go to school, and who are more exposed to discrimination than they were (Fleck & Rughinis, 2008).

Purpose and Hypothesis of the Current Study

The most important goal of the present study was to measure the level of inter-observer (parents/guardians vs. teachers) agreement regarding children's social, emotional, and behavioural problems assessed through parent and teacher reports belonging to Romanian, Hungarian, and Roma ethnic groups living in Romania. Specifically, this study sought to establish whether societal/cultural differences represented by these ethnic groups are a factor in the level of agreement between such parent and teacher observations. Based on previous research, we hypothesized that caregivers would assess their children more unfavourably (report more problems) than teachers, and teachers' assessments would show a consistent pattern across all ethnic groups. Also, to our knowledge this is the first study of parent and teacher reports of children's behaviour in Romania that has looked at reporting differences among different ethnic groups (i.e., Romanian, Hungarian, and Roma).

Methodology

Written informed consent was obtained from children's caregivers and teachers before initiating any research procedures. All participants were informed about the goals of the study. Approval was also obtained from the appropriate Institutional Review Board for Human Subjects Research in Romania. Participants' privacy was protected by replacing their names with identification numbers on all research documents and analyses.

Participants

Overall, 467 children were selected for the current study from three counties located in the center of Romania, namely Mures, Bistrita, and Harghita counties. Specifically, the mean age of the children was 11 years ($SD = 3.78$), ranging between 6 and 18 years. Of these, 248 (53.1%) were females, and 219 (46.9%) were males. Regarding the guardians' status, 400 (85.7%) identified themselves as biological parents of the children; 24 (5.1%) as adoptive, foster, or step parents; and 43 (9.2%) declined to reveal their status and/or missed this information. Furthermore, 360 (77.1%) of the parents/guardians were females, 102 (21.8%) were males, and 5 (1.1%) declined to reveal their gender and/or missed this information. Regarding the teachers, 378 (80.9%) were females, 66 (14.1%) were males, and 23 (4.9%) declined to reveal their gender and/or missed this information. Importantly, 302 (64.7%) parents/guardians identified their children as Romanian, 136 (29.1%) as Hungarian, and 29 (6.2%) as Roma. For a better understanding of the sample's ethnic configuration, data regarding the distribution of the population within Mures county, where most of our data was collected (99% of the participants), shows that Roma represent only 8.8% of the population, Hungarians 37.8%, and Romanians 52.6% (MCCPHC, 2012). Within the entire population living in Romania, Roma represent 3.3%, Hungarians 6.5%, and Romanian 88.9% (National Institute of Statistics, 2011). Regarding the Roma population, other estimates show that this percentage is nearly three times higher, with a growth rate well above the average (European Commission, 2015).

Measures

The Achenbach System of Empirically Based Assessment (ASEBA) contains an integrated set of assessments for school-age children that permit us to assess a broad spectrum of competencies, adaptive functioning, and problems. Furthermore, these psychological instruments offer individualized descriptions and reports of the most adaptive and maladaptive attributes for children who are assessed (Achenbach & Rescorla, 2000, 2001). The specific ASEBA assessment used for this study is the *Child Behaviour Checklist (CBCL)* for ages 6 to 18 (for parent

reporting) (CBCL/6-18; Achenbach & Rescorla, 2001) and the accompanying *Teacher's Report Form* (TRF). This instrument and its counterpart for younger children, the *Child Behaviour Checklist for Children* ages one and a half to five (CBCL/1½-5; Achenbach & Rescorla, 2000) are two of the most widely-used measures in child psychology. Items in the CBCL, including the *Teacher's Report Form* (TRF), are composed of items that significantly differentiate clinically-referred to non-referred children. Strong validity for CBCL scores has been established over the last 20 years (Achenbach & Rescorla, 2001). The CBCL/6-18 is completed by parents, parent-surrogates, and/or others who interact with the children in a family-like context, and the TRF is completed by teachers and other school personnel who are familiar with children's functioning in school, such as teachers' aides, counselors, administrators, and special educators. The CBCL/6-18 and TRF each contain 113 items that measure psychological functioning, 10 items that measure competencies, and two open-ended items for reporting additional problems. This assessment can be completed in approximately 15 to 20 minutes. The person completing the instrument is asked to rate a particular child for how true each item is (regarding a particular behavior), now or within the past six months, using the following scale: 0 = *not true* (as far as you know); 1 = *somewhat or sometimes true*; 2 = *very true or often true*. The CBCL/6-18 and TRF score includes raw scores, *t*-scores, and percentiles.

CBCL/6-18 and TRF syndrome profile scales consist of eight syndrome scales such as Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behaviour, and Aggressive Behaviour. These scales were constructed and cover problems that tend to arise together (Achenbach & Rescorla, 2000, 2001). In addition, CBCL/6-18 and TRF forms can be scored in terms of two broad groupings of syndromes: Internalising and Externalising syndromes. Internalising Syndromes include problems that are related mainly with the self (Anxious/Depressed, Withdrawn/Depressed, and Somatic Complaints) and Externalising Syndromes include problems involving conflicts with others and their expectations for the child (Aggressive Behaviour, and Rule-Breaking Behaviour). In addition, Attention Problems syndrome scale consists of two subscales such as Inattention and Hyperactivity-Impulsivity. Test-retest reliability for the CBCL/6-18 was established at .92 for Externalising Syndromes and .91 for Internalising Syndromes, and varied between .74 and .88 for empirically-based problems. In addition, the internal consistency of empirically-based problem scales or syndrome profiles was supported by alpha coefficients of .78 to .97 (Achenbach & Rescorla, 2001). Furthermore test-retest reliability for the TRF was established at .92 for Externalising Syndromes and .91 for Internalising Syndromes, and varied between .86 and .89 for empirically-based problems. Moreover, the internal consistency of the empirically-based problem scales or syndrome profiles for TRF was supported by alpha coefficients of .72 to .95 (Achenbach & Rescorla, 2001). Total Problems score can be

computed by summing the scores for Internalising, Externalising, and Other Problems. Test-retest reliability of the CBCL/6-18 was established at .94 for total problems, and the internal consistency was supported by alpha coefficient of .97 (Achenbach & Rescorla, 2001). In addition, test-retest reliability of the TRF was established at .95 for total problems and the internal consistency was supported by alpha coefficient of .97 (Achenbach & Rescorla, 2001).

Ivanova *et al.* (2007) conducted a study for testing the 8-syndrome structure of the CBCL in 30 societies, such as Asia; Africa; Australia; the Caribbean; the Middle East; North America; and Eastern, Western, Southern, and Northern Europe, including Romania. Data were analysed for 58,051 participants (ages 6 to 18) from the 30 general population samples. From Romania, data were analysed from 1,077 participants ages 6 to 18 years old ($M = 7.9$). The fit indices strongly supported the correlated 8-syndrome structure in each of 30 societies and the results support use of the syndromes in diverse societies. These results emphasise that effective assessments of child psychopathology that are calibrated across societies are available. Furthermore, children's emotional and behavioural difficulties can be addressed using a common language for communicating about child psychopathology (Ivanova *et al.*, 2007).

Dobrea (2004) conducted a study in Romania on 1,223 children and their caregivers (parents) for testing the structure of the CBCL/6-16. According to the Romanian author, test-retest reliability of the CBCL for age six to eleven was established at .70 to .82 for syndrome profile scales or empirically based problems scales, .82 for *Externalising*, .80 for *Internalising*, .81 for *Total Problems*, and .35 to .80 for DSM-oriented scales. In addition, the internal consistency of Empirically Based Problems scales was supported by alpha coefficients of .60 to .93, and DSM-oriented scales were supported by alpha coefficients of .60 to .78. The Romanian normative data for both CBCL/6-18 and TRF were based on a large Romanian sample. Socio-cultural characteristics for these comparative Romanian studies are not available (Achenbach & Rescorla, 2001; Ivanova *et al.*, 2007a,b).

Procedure

For this study, graduate and undergraduate students from a private university collected data from various schools located in Romania. Specifically, a convenient non-probabilistic sample of children's caregivers and teachers were selected. The assessment of children's behaviour by their caregivers and teachers was implemented in state run elementary and high schools located in Bistrita, Harghita, and Mures counties, where separate interviews were scheduled with children's teachers who showed an interest in the current research. Children's caregivers were contacted and then interviewed. The interviewers were trained and then worked in small groups of two to three individuals who verbally queried each of the participants using CBCL/6-18 and TRF and then recorded the answers.

Dependent Variables: Social, Behavioral, and Emotional Problems of Children

All eight syndrome scales (Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule-Breaking Behaviour, and Aggressive Behaviour) of the CBCL/6-18 and TRF were used in the present study. Furthermore, the Internalising, Externalising, and Total Problems composite scales were used to measure children's behavioural and emotional problems.

Statistical Analyses

All analyses, including accuracy of data coding and entry and the statistical assumptions of the tests, were conducted using SPSS version 19.0 (IBM SPSS, 2010) and the R program (R Development Core Team, 2015). Frequencies of missing data were assessed. For most of the variables there was no missing data. For the variables including guardians' status and gender as well as teachers' gender, the percentage of missing data ranged from 1.1 to 9.2%. Regarding the two dependent variables, CBCL/6-18 *Withdrawn/Depressed* and *Somatic Complaints*, the percentage of missing data was .2% and 1.1%, respectively. Each analysis was conducted with all available data (pairwise deletion) and no imputation was conducted due to a relatively small percentage of missing cases.

Due to the fact that there are a different number of items in the subscales of the CBCL and the TRF, mean scores were created for each syndrome subscale. A lower score indicated less problem behavior reported and a higher score indicated more problem behavior. For the purpose of the present study, these scores provided a convenient way to quickly judge whether parents/guardians reported as many social, emotional and behavioural problems as reported by teachers. These scores are not appropriate for designating a child into normal, borderline, or clinical ranges and are simply used to compare the behaviors reported by caregivers and teachers. The mean scores were computed for each syndrome scale followed by Pearson product-moment correlations between CBCL/6-18 and TRF for each set of scales. Subsequently, for each pair of CBCL/6-18 and TRF scales, a paired sample t-tests was conducted to show the extent of disagreement between informants.

Results

CBCL/6-18 and TRF Raw Scores across the Three Ethnic Groups

Raw scores for CBCL/6-18 and TRF scales across Romanian, Hungarian, and Roma groups are presented in *Table 1*. Regarding caregiver reports (CBCL/6-18), the mean scores of Roma children were lower on *Anxious/Depressed*, *Thought Problems*, *Rule Breaking Behaviour*, *Aggressive Behaviour*, *Internalising*, *Externalising*, and *Total Problems* compared with their Romanian and Hungarian counterparts. Additionally, Roma children showed higher mean scores on *Withdrawn/Depressed*, *Somatic Complaints*, *Social Problems*, and *Attention Problems* compared with their Romanian and Hungarian counterparts.

Regarding teacher reports (TRF), the mean scores of Roma children were lower on *Anxious/Depressed*, and *Thought Problems* compared with their Romanian and Hungarian counterparts. Additionally, Roma children showed higher mean scores on *Withdrawn/Depressed*, *Somatic Complaints*, *Social Problems*, *Attention Problems*, *Rule Breaking Behaviour*, *Aggressive Behaviour*, *Internalising*, *Externalising*, and *Total Problems* compared with their Romanian and Hungarian counterparts.

The Extent of Disagreement between Informants

Overall, Romanian children ($N = 302$) were assessed differently by their caregivers/guardians (see *Table 2*). Specifically, parents/guardians scored their children statistically significantly higher ($p < .05$) on *Somatic Complaints*, *Social Problems*, *Thought Problems*, *Attention Problems*, *Aggressive Behaviour*, and *Internalising* subscales using the CBCL/6-18 than did their teachers using TRF. In addition, a marginally statistically significant difference was observed regarding the *Anxious/Depressed* scale ($p = .060$). An opposite trend was observed regarding the *Rule Breaking Behaviour* scale, where parents/guardians scored their children statistically significantly lower than teachers scored them ($p < .01$).

Regarding Hungarian children ($N = 136$), a trend similar to the Romanian children was found (see *Table 3*). Specifically, parents/guardians scored their children statistically significantly higher ($p < .05$) on *Somatic Complaints*, *Social Problems*, *Attention Problems*, *Aggressive Behaviour*, and *Internalising* subscales using the CBCL/6-18 than did their teachers using TRF. In addition, the same trend was observed or higher scores were reported by parents/guardians regarding *Anxious/Depressed* and *Withdrawn/Depressed* scales. A marginally statistically significant difference was observed for *Thought Problems* scale ($p = .086$), where parents scored their children higher than teachers.

Regarding Roma children ($N = 29$), in contrast to the trend found with Romanian and Hungarian children, parents/guardians did score Roma children statistically

significantly lower ($p < .05$) on *Rule Breaking Behaviour*, *Externalising*, and *Total Problems* using the CBCL/6-18 than did their teachers using the TRF (see Table 4).

Table 1. Means, Medians, and Standard Deviations of Children's Row Scores on CBCL/6-18 and TRF

	Romanian				Hungarian				Roma			
	N	Mean	Mdn	SD	N	Mean	Mdn	SD	N	Mean	Mdn	SD
CBCL Anxious/Depressed	302	3.51	3	3.25	136	3.51	3	3.66	29	1.86	2	2.01
TRF Anxious/Depressed	302	3.86	3	3.32	136	2.79	1	3.54	29	2.86	3	2.79
CBCL Withdrawn/Depressed	302	2.54	2	2.41	135	2.62	2	2.69	29	3.27	2	2.93
TRF Withdrawn/Depressed	302	2.36	1	2.70	136	2.16	1.5	2.52	29	3.45	3	2.89
CBCL Somatic Complaints	299	1.65	1	2.39	134	1.54	0	2.64	29	2.07	1	2.42
TRF Somatic Complaints	302	0.91	0	1.88	136	0.69	0	1.56	29	1.17	0	1.67
CBCL Social Problems	302	3.13	2	3.05	136	3.23	2	3.17	29	3.34	3	1.91
TRF Social Problems	302	2.61	2	2.67	136	2.45	1	3.11	29	3.38	3	2.23
CBCL Thought Problems	302	1.74	1	2.51	136	1.59	1	2.86	29	0.79	0	1.35
TRF Thought Problems	302	0.87	0	1.90	136	0.74	0	1.64	29	0.62	0	1.01
CBCL Attention Problems	302	4.06	3	3.85	136	4.22	3	3.51	29	5.34	5	3.84
TRF Attention Problems	302	8.89	6	9.05	136	9.15	5	10.52	29	13.07	13	9.49
CBCL Rule Breaking Behavior	302	2.94	2	3.59	136	3.59	2	4.65	29	1.97	1	2.28
TRF Rule Breaking Behavior	302	2.49	1	3.58	136	2.71	1	4.11	29	2.66	2	2.81
CBCL Aggressive Behavior	302	6.12	4	6.11	136	6.28	4	6.68	29	5.14	3	4.79
TRF Aggressive Behavior	302	5.21	3	6.53	136	5.01	2	7.67	29	5.89	4	5.83
CBCL Internalising	302	7.68	5	6.87	136	7.63	5.5	8.00	29	7.21	7	5.75
TRF Internalising	302	7.13	5	6.58	136	5.66	4	6.38	29	7.48	8	4.36
CBCL Externalising	302	9.12	6	9.03	136	9.88	6.5	10.86	29	7.10	5	6.39
TRF Externalising	302	7.71	5	9.59	136	7.73	3	11.44	29	8.55	6	8.11
CBCL Total Problems	302	29.12	22	24.16	136	29.94	23.5	27.08	29	26.21	25	15.82
TRF Total Problems	302	28.32	21	26.16	136	26.94	15.5	30.04	29	34.45	33	20.36

Table 2. Means, Standard Deviation and Errors of Romanian Children's Scores on CBCL/6-18 and TRF scales. Mean Difference Scores between Caregiver (CBCL/6-18) and Teacher's (TRF) Assessment.

	N	Mean	SD	SE	Pearson's Correlations		Difference			Paired t-test		
					r	p	Mean	SD	SE	t	p	d
CBCL Anxious/Depressed	302	.27	.25	.01	.348	.000	.03	.26	.02	1.89	.060	.12
TRF Anxious/Depressed	302	.24	.21	.01								
CBCL Withdrawn/Depressed	302	.32	.30	.02	.545	.000	.02	.31	.02	1.29	.198	.06
TRF Withdrawn/Depressed	302	.29	.34	.02								
CBCL Somatic Complaints	299	.15	.22	.01	.593	.000	.05	.19	.01	4.31	.000	.25
TRF Somatic Complaints	299	.10	.21	.01								
CBCL Social Problems	302	.28	.28	.02	.511	.000	.05	.26	.01	3.17	.002	.18
TRF Social Problems	302	.24	.24	.01								
CBCL Thought Problems	302	.12	.17	.01	.620	.000	.03	.16	.01	3.16	.002	.19
TRF Thought Problems	302	.09	.19	.01								
CBCL Attention Problems	302	.41	.39	.02	.674	.000	.06	.30	.02	3.68	.000	.21
TRF Attention Problems	302	.34	.35	.02								
CBCL Rule Breaking Behavior	302	.17	.21	.01	.782	.000	-.03	.19	.01	-3.23	.001	.16
TRF Rule Breaking Behavior	302	.21	.30	.02								
CBCL Aggressive Behavior	302	.34	.34	.02	.607	.000	.08	.30	.02	4.86	.000	.27
TRF Aggressive Behavior	302	.26	.33	.02								
CBCL Internalising	302	.24	.21	.01	.543	.000	.02	.20	.01	2.10	.037	.10
TRF Internalising	302	.22	.20	.01								
CBCL Externalising	302	.26	.26	.01	.702	.000	.02	.22	.01	1.57	.118	.09
TRF Externalising	302	.24	.30	.02								
CBCL Total Problems	302	.24	.20	.01	.685	.000	.01	.17	.01	.69	.490	.06
TRF Total Problems	302	.24	.22	.01								

Note. Statistically significant results ($p < .05$) are shown in bold font.

Discussion

Overall, the results of the present study were straightforward showing that (a) the Romanian and Hungarian children were scored statistically significantly higher (more unfavourably) by their parents/guardians on most of the syndrome scales (i.e., *Anxious/Depressed*, *Withdrawn/Depressed*, *Somatic Complaints*, *Social Problems*, *Thought Problems*, *Attention Problems*, *Aggressive Behaviour*, and *Internalising* scales) than by their teachers. These findings were consistent with results of other studies in which scores from parents' assessments were significantly higher than teachers' scores (Rescorla *et al.*, 2014; Rudan, Begovac, Szivoczka, Filipovic, & Skocic, 2005; van der Ende, Verhulst, & Tiemeier, 2012; Woo *et al.*, 2007), and (b) in contrast, parents/guardians of Roma children generally did not score their children higher than teachers did, and additionally, they scored

them statistically significantly lower (more favourably) than did their teachers on *Rule Breaking Behaviour Externalising*, and *Total Problems* scales. To date, as far as we are aware, there are no studies showing this inconsistent pattern of results regarding parent and teacher assessments of Romanian and Hungarian children compared with their Roma counterparts.

As shown by previous studies, there are differences in children's social, emotional, and behavioural problems assessed through parent and teacher reports (Achenbach *et al.*, 1987; de Los Reyes & Kazdin, 2005; Frigerio, Cattaneo, Cataldo, Schiatti, Molteni, & Battaglia, 2004; Roussos, Karantanos, Richardson *et al.*, 1999; Rudan, Begovac, Szivovicza, Filipovic, & Skocic, 2005), and various explanations may apply. For instance, the difference in scores between parents/guardians and teachers, may indicate that children's behavioural expression is strongly influenced by (a) situation-specific behaviour (home vs. school) (Achenbach *et al.*, 1987; de Los Reyes, 2011; de Los Reyes, Henry, Tolan, & Wakschlag, 2009), (b) differences in children's functioning across different people (Achenbach *et al.*, 1987), (c) variability among informants' perspectives (Achenbach & Rescorla, 2001), (d) differences in reliability, motivation, attentiveness in answering questionnaires, and/or length of time respondents (parents/guardians vs. teachers) knew the children (Tarren-Sweeney *et al.*, 2004), (e) differences in caregivers' psychological functioning (Youngstrom, Loeber, & Stouthamer-Loeber, 2000), (f) differences in triggers/sanctions for *Externalising* problems in home and school, and/or (g) differences in decision thresholds for parents and teachers (de Los Reyes, Thomas, Goodman, & Kundey, 2013). In summary, these discrepancies may be present due to the informants' personal interpretations of their children's behaviours, informants' individual thresholds for identifying various behaviours, and/or the context in which the informants produce the behavioural reports (de Los Reyes & Kazdin, 2005).

Overall, the results show no differences between the scores of Romanian and Hungarian children, particularly when they are assessed by their teachers. This tendency could be explained in that the boundaries between these two cultures are less evident and, as shown in a recent study of students, characteristics of the two cultures overlap as much as 70% (Filpisan, Tomuletiu, Moraru, Stoica, Gorea, & Solovastu, 2011). This cultural closeness may have influenced the ability of the teachers to objectively and similarly evaluate students' behaviours.

Table 3. Means, Standard Deviation and Errors of Hungarian Children's Scores on CBCL/6-18 and TRF scales. Mean Differences Scores between Caregiver (CBCL/6-18) and Teacher's (TRF) Assessment.

	N	Mean	SD	SE	Pearson's Correlations		Difference			Paired t-test		
					r	p	Mean	SD	SE	t	p	d
CBCL Anxious/Depressed	136	.27	.28	.02	.298	.000	.10	.30	.03	3.68	.000	.33
TRF Anxious/Depressed	136	.17	.22	.02								
CBCL Withdrawn/Depressed	135	.33	.34	.03	.505	.000	.06	.33	.03	2.02	.046	.18
TRF Withdrawn/Depressed	135	.27	.32	.03								
CBCL Somatic Complaints	134	.14	.24	.02	.338	.000	.06	.24	.02	2.96	.004	.25
TRF Somatic Complaints	134	.08	.18	.02								
CBCL Social Problems	136	.29	.29	.02	.614	.000	.07	.25	.02	3.30	.001	.28
TRF Social Problems	136	.22	.28	.02								
CBCL Thought Problems	136	.11	.19	.02	.227	.008	.03	.22	.02	1.73	.086	.14
TRF Thought Problems	136	.07	.16	.01								
CBCL Attention Problems	136	.42	.35	.03	.621	.000	.07	.33	.03	2.45	.015	.21
TRF Attention Problems	136	.35	.40	.03								
CBCL Rule Breaking Behavior	136	.21	.27	.02	.572	.000	-.01	.29	.02	-.59	.560	.03
TRF Rule Breaking Behavior	136	.23	.34	.03								
CBCL Aggressive Behavior	136	.35	.37	.03	.613	.000	.10	.33	.03	3.46	.001	.30
TRF Aggressive Behavior	136	.25	.38	.03								
CBCL Internalising	136	.24	.25	.02	.438	.000	.07	.24	.02	3.25	.001	.29
TRF Internalising	136	.17	.19	.02								
CBCL Externalising	136	.28	.31	.03	.625	.000	.04	.29	.03	1.63	.106	.14
TRF Externalising	136	.24	.36	.03								
CBCL Total Problems	136	.25	.23	.02	.511	.000	.03	.24	.02	1.24	.219	.13
TRF Total Problems	136	.22	.25	.02								

Note. Statistically significant results (p < .05) are shown in bold font

However, our results show that Roma children had significantly lower scores (better outcomes) when assessed by their parents/guardians than when they were assessed by their teachers. These contradictory results could be explained by the fact that Roma children may have been assessed by parents whose interpretation of the behaviour and threshold level for an abnormal behaviour could be different (higher threshold) compared with Romanian or Hungarian caregivers (lower threshold). These results should be interpreted in the general context where, overall, the Roma population in Romania experiences social exclusion and discrimination (Fleck & Rughinis, 2008), socio-economic disadvantages (Ministry of Labour, Family, Social Protection and Elderly, 2014; United Nations Development Programme, World Bank, & European Commission, 2012), and, consequently, caregivers might have been less experienced in identifying the problematic behaviours of their children. In conjunction with the above assumption, caregivers

might have had low expectations of Roma children and were biased in their evaluations. These results may also have been influenced by the low Roma children’s caregiver involvement in the classroom (Rescorla *et al.*, 2014) which might have affected the communication between parents and teachers regarding children’s behaviour.

Table 4. Means, Standard Deviation and Errors of Roma Children’s Scores on CBCL/6-18 and TRF scales. Mean Differences Scores between Caregiver (CBCL/6-18) and Teacher’s (TRF) Assessment.

	N	Mean	SD	SE	Pearson's Correlations		Difference			Paired t-test		
					r	p	Mean	SD	SE	t	p	d
CBCL Anxious/Depressed	29	.14	.15	.03	.263	.169	-.04	.20	.04	-.96	.348	.18
TRF Anxious/Depressed	29	.18	.17	.03								
CBCL Withdrawn/Depressed	29	.41	.37	.07	.894	.000	-.02	.17	.03	-.69	.493	.12
TRF Withdrawn/Depressed	29	.43	.36	.07								
CBCL Somatic Complaints	29	.19	.22	.04	.580	.001	.06	.19	.03	1.65	.109	.32
TRF Somatic Complaints	29	.13	.19	.03								
CBCL Social Problems	29	.30	.17	.03	.513	.004	.00	.19	.03	-.09	.929	.02
TRF Social Problems	29	.31	.20	.04								
CBCL Thought Problems	29	.05	.09	.02	-.059	.759	-.01	.14	.03	-.36	.725	.07
TRF Thought Problems	29	.06	.10	.02								
CBCL Attention Problems	29	.53	.38	.07	.814	.000	.03	.23	.04	.75	.460	.13
TRF Attention Problems	29	.50	.36	.07								
CBCL Rule Breaking Behavior	29	.12	.13	.02	.720	.000	-.11	.17	.03	-3.43	.002	.65
TRF Rule Breaking Behavior	29	.22	.23	.04								
CBCL Aggressive Behavior	29	.29	.27	.05	.851	.000	-.01	.15	.03	-.33	.745	.07
TRF Aggressive Behavior	29	.29	.29	.05								
CBCL Internalising	29	.23	.18	.03	.679	.000	.00	.13	.02	-.06	.951	.01
TRF Internalising	29	.23	.13	.02								
CBCL Externalising	29	.20	.18	.03	.819	.000	-.06	.15	.03	-2.34	.026	.40
TRF Externalising	29	.27	.25	.05								
CBCL Total Problems	29	.22	.13	.02	.744	.000	-.07	.11	.02	-3.26	.003	.64
TRF Total Problems	29	.29	.17	.03								

Note. Statistically significant results (p < .05) are shown in bold font

Limitations of the Study

Even though the present research generally matched the distribution of Roma children in the sample population with that of the general population in Mures County, where most of the data was collected, it is assumed that the small number of Roma children in our sample may have influenced our results. Analyzing the data, it was assumed that the proportion of Romanian, Hungarian, and Roma children from the original normative sample were consistent with the distribution of these ethnic groups in the general population (Dobrea, 2004), but to our best knowledge, we cannot definitively confirm this assumption. Due to the fact that non-probability sampling techniques were used in selecting the participants, the outcomes of this convenience sample cannot be generalised across all Romanian, Hungarian and Roma children residing in Romania. Additionally, although ethnicity of the children may appear to have a causal relationship with children's emotional and behavioural problems, the cross-sectional design does not allow such inferences to be made. Importantly, the present study did not measure the number of children in the classrooms; children's caregiver involvement in the classroom or the relationship between caregivers and teachers; response rates; children's mental health problems; parents' socioeconomic status; or, teachers' familiarity with the children.

Conclusion

Caregiver-teacher cross-informant agreement regarding Romanian, Hungarian, and Roma children's social, emotional and behavioural problems was measured and the results concluded that parents' assessments (CBCL/6-18) had significantly higher scores (more unfavourable) than teachers' assessments (TRF) for Romanian and Hungarian children and these results are comparable with previous published research. Surprisingly, Roma children's caregivers scored them statistically significantly lower (more favourably) than did their teachers, suggesting that these parents could have different decision thresholds with regard to identifying behavioural problems.

This pilot study revealed a valuable insight into the disagreement between parent and teacher assessments, showing for the first time inter-observer discrepancies among assessment scores for Romanian, Hungarian, and Roma children. Further studies should examine how parents' and teachers' psychosocial, socio-economic, and cultural characteristics could influence their perception of Romanian, Hungarian, and Roma children's social, emotional, and behavioural problems at school and at home. Additionally, this study brings to light the importance of training teachers to consider the needs of various minority groups, including Roma.

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