



the
Lowitja
Institute

Australia's National Institute for Aboriginal and
Torres Strait Islander Health Research

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Deficit Discourse and Aboriginal and Torres Strait Islander Health Policy

Funded by the Lowitja Institute, researchers at the Australian National University have been studying the prevalence of deficit discourse in policy relating to Aboriginal and Torres Strait Islander health and wellbeing. They have also been investigating strengths-based approaches designed to challenge such negative thinking.

What is deficit discourse?

'Deficit discourse' refers to disempowering patterns of thought, language and practice that represent people in terms of deficiencies and failures. It particularly refers to discourse that places responsibility for problems with the affected individuals or communities, overlooking the larger socio-economic structures in which they are embedded.

Ethnocentric assumptions of Aboriginal and Torres Strait Islander deficit have characterised relations with non-Indigenous people since colonisation. For example, Aboriginal and Torres Strait Islander people were in the past often portrayed as primitive or backwards. Current-day deficit discourse is influenced by these negative race-based stereotypes (sometimes overtly, other times subtly), and in some respects reinforces them. When people reproduce deficit discourse, they

often have good intentions but are not fully aware that they are drawing on discredited social constructs.

Rejecting deficit discourse is not about pretending that Aboriginal and Torres Strait Islander people face no challenges, nor about downplaying those challenges. Discussion of socio-economic disadvantage, and ways to alleviate it, is important and necessary. Rather, discourses of deficit occur when discussion of Aboriginal and Torres Strait Islander affairs is reduced to a focus on failure and dysfunction, and Aboriginal and Torres Strait Islander identity becomes defined in negative terms, eclipsing the complex reasons for inequalities, and overlooking diversity, capability and strength.

WHAT ARE THE EFFECTS OF DEFICIT DISCOURSE?

While we might think of discourse as ‘just language’, research has shown that it is inseparable from our understandings of the world and how we act. As such, discourse plays a fundamental role in resource and power inequalities.

Deficit discourse regarding Aboriginal and Torres Strait Islander people operates across a range of intersecting fields including health and education; it circulates in policy, media, everyday conversations, and beyond. Media and political discourses often operate in tandem, reproducing negative discourses about Aboriginal and Torres Straits Islander people.

There is evidence deficit discourse has real-world outcomes for identity formation, educational attainment, health and wellbeing. It contributes to forms of external and internalised racism.

Deficit discourse in policy approaches

Deficit discourse is prevalent in conversations about Aboriginal and Torres Straits Islander health and wellbeing, but not uniformly so. There is substantial diversity between policy documents, reflecting competing philosophies and values. There are, for example, active efforts in some branches of government to emphasise strengths, culture, country, rights and partnership.

A subtle way deficit discourse is reproduced is evident in deficit statistics, such as in Closing the Gap reports. The reports systematically compare Aboriginal and Torres Strait Islander Australians, in the aggregate, to non-Indigenous Australians. In almost all the chosen statistical indicators the status of Aboriginal and Torres Strait Islander people appears to ‘fall short’ of national norms.

Statistical disparities can be interpreted and deployed in politically diverse ways. Deficit statistics can help to politicise issues of inequality, by drawing attention to government failure to provide effective and culturally relevant services to citizens. However, deficit metrics can also reduce rich and diverse

populations to a singular entity that then becomes defined by a ‘failure’ to achieve ‘normality’ (benchmarked by a similarly singularised entity made up of everyone else.)

A focus on a limited range of indicators and targets can at time eclipse the reasons underlying statistical differences. This includes lack of access to appropriate health services, structural inequalities, racism in the provision of health care, as well as the different values and life choices made by Aboriginal and Torres Strait Islander people that at times fall outside mainstream norms.

At the same time, in certain areas of government more nuanced discourses are apparent. For example, the 2013–2023 National Aboriginal and Torres Strait Islander Health Plan (NATSHIP) — an overarching document that plays a critical role in setting policy direction — takes a strengths-based approach that emphasises culture, human rights, partnership, holism and wellbeing as foundational to health care and delivery.

What are strengths-based approaches?

‘Strengths-based approaches’ seek to move away from the traditional problem-based paradigm and offer a different language for thinking about and discussing issues.

Strengths-based approaches are not a set of policy and program protocols, and the term is used differently by different people. The research identified a range of closely related concepts and themes that could be grouped under a banner of ‘strengths-based’, including: asset-based approaches, resilience, cultural appropriateness, social determinants of health and ecological theories, protective factors, empowerment, holistic approaches, wellness and wellbeing, strengths-based counselling approaches and positive psychology, decolonisation methodology, and salutogenesis.

Similarly, different groups provide different reasons for using strengths-based approaches. Some argue that such approaches are necessary to correct or counterbalance existing negative stereotypes in the health sector. Others suggest that they are more resource efficient or that they better resonate with existing Indigenous approaches.

In the two reports listed below, researchers highlight a number of case studies from a broader set that were identified as drawing on strengths-based and related approaches to Indigenous health. These show the diverse ways the concept is applied.

Strength as an antidote to deficit?

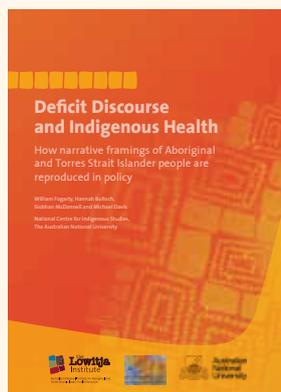
Strengths-based approaches show promise as an avenue to ‘change the conversation’ around Aboriginal and Torres Strait Islander health, but they are not a simple antidote to deficit discourse. Due to paucity of evidence, it remains difficult to judge how successful strengths-based initiatives actually are in shifting discourse, or what kinds of initiatives work best. Many lack evaluations, or their evaluations do not measure the extent to which discourses have altered.

There is also a risk that strengths-based approaches can reproduce some of the same problems as deficit discourse. For example, whether there is a focus on problems or on strengths, if history and context are ignored the results can be similar: a focus on individuals and communities as ‘units’ responsible for their situation, shading out wider relations of power and inequality. Those relations of power and inequality need to remain at the forefront of any understanding of health.

THE NEXT STEPS

Researchers at the ANU are now undertaking a third project examining deficit metrics in more detail and also investigating community-based discourses relating to health and wellbeing for Aboriginal and Torres Strait Islander peoples. More information will be available on the NCIS website.

THE REPORTS



Deficit Discourse and Indigenous Health: How narrative framings of Aboriginal and Torres Strait Islander people are reproduced in policy by William Fogarty, Hannah Bulloch, Siobhan McDonnell and Michael Davies.

This report explores the extent and patterning of deficit discourse in the academic, policy and grey literature on health. It particularly looks at deficit metrics: the ways Aboriginal and Torres Straits Islander Australians are homogenised and statistically compared to non-Indigenous Australians.



Deficit Discourse and Strengths-based Approaches: Changing the narrative of Aboriginal and Torres Strait Islander health and wellbeing by William Fogarty, Melissa Lovell, Juleigh Langenberg and Mary-Jane Heron.

This report reviews and analyses work from Australia and overseas that proposes ways to shift deficit discourse in health through strengths-based approaches.

The full reports are available on the Lowitja Institute and NCIS websites.

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