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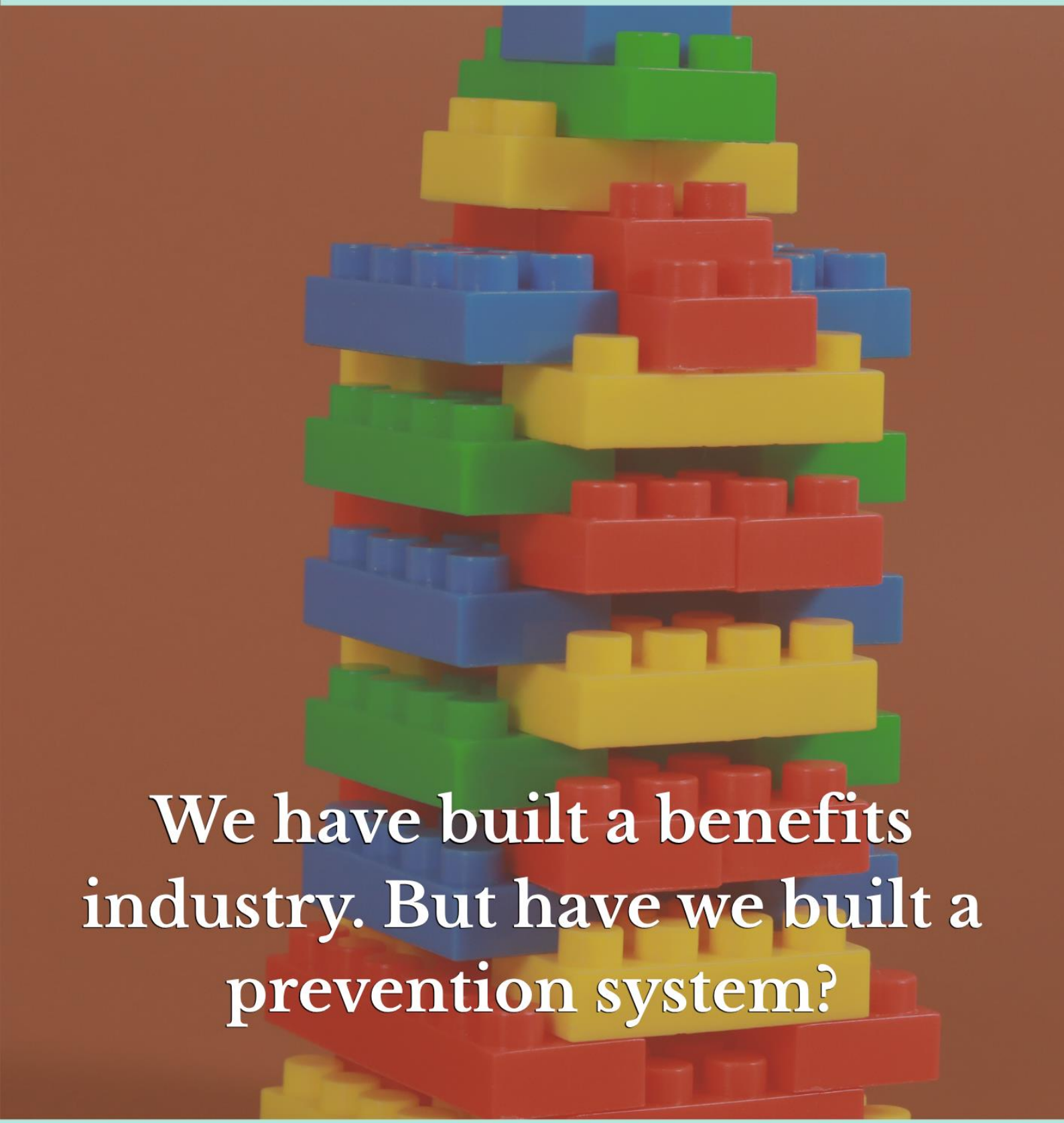


# We have built a benefits industry. But have we built a prevention system?

## A UKIHCA Strategic Perspective

SP04 - September 2026

# We have built a benefits industry. But have we built a prevention system?

By Izabella Natrins

**A UKIHCA Strategic Perspective | SP04**

**Part 2 of 3**



September 2026

## UKIHCA Independence

UKIHCA is an independent, non-profit professional body operating in the third sector. Free from commercial influence, control or ties that could compromise our independence, we exist to advance the health and wellbeing coaching profession, protect the public and uphold high standards of ethical, evidence-informed practice.

In the first article in this series, I suggested that employers may be paying too much attention to the people who are absent from work and not enough to those who are still there but whose health is beginning to affect their capacity to work well.

That raises another question.

If we know that many health problems develop gradually, and if we understand the value of earlier intervention, why do so many employees still struggle to find the right support before their health becomes a more serious problem?

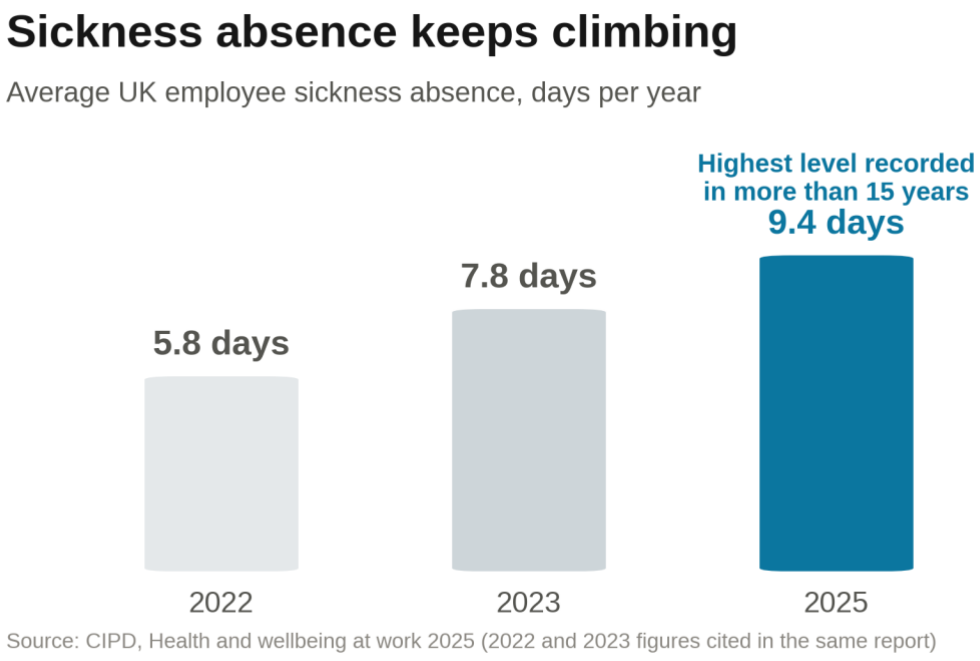
It cannot simply be because employers are not investing – the employee health and wellbeing market has expanded dramatically over the past decade.

Many organisations now offer an impressive range of support, including private healthcare, employee assistance programmes, mental health services, physiotherapy, financial wellbeing provision, digital health tools and increasingly specialised support around life stages and particular health conditions.

The 2025 CIPD *Health and wellbeing at work* report reflects this growing breadth of provision. Mental health remains a major focus for employers, while increasing numbers of organisations report support for employees managing chronic health conditions and disabilities, caring responsibilities, bereavement and neurodiversity. At the same time, almost three quarters of respondents say that employee health and wellbeing is now on the agenda of senior leaders.[1]

This is progress and it would be wrong to suggest otherwise.

But the same report contains a rather uncomfortable reminder that greater activity does not necessarily mean we have solved the problem. Average employee absence has risen to 9.4 days per employee per year, the highest level recorded in more than fifteen years, while mental ill health remains the leading cause of long-term absence.[1]



Perhaps we need to ask whether employees are able to make sense of what is available to them.

## The problem with a very good list of benefits

Looking at an employer's health and wellbeing offer on paper, it is often extremely comprehensive. The difficulty is that employees do not experience their lives in the same categories in which organisations tend to purchase services.

An employer may have separate provision for mental health, musculoskeletal health, financial wellbeing, menopause, occupational health and lifestyle support. The employee, meanwhile, may simply know that they are exhausted, their back hurts, they are sleeping badly and they have increasingly little energy left at the end of the working day.

Those things may not be separate problems - they may well be part of the same story.

This matters because a person who is *already* struggling is not necessarily in the best position to navigate a complex landscape of services. They may not know what support is most relevant, whether they meet the criteria for it, where to begin or even whether their particular problem is sufficiently serious to justify asking for help.

This is one of the reasons I find the current conversation about benefits technology so interesting.

Gethin Nadin, in a recent REBA article argued that benefits technology is increasingly becoming essential organisational infrastructure, rather than simply a mechanism for displaying a list of employee benefits. His central argument is that the problem facing many employers is not necessarily a lack of investment, but the failure to convert that investment into meaningful outcomes because employees do not always understand, access or act on the support available to them.[2]

I think the underlying question is an important one...

**What happens between an employer purchasing a service and an employee actually receiving the right support at the right time?**

That space is often where value is lost.

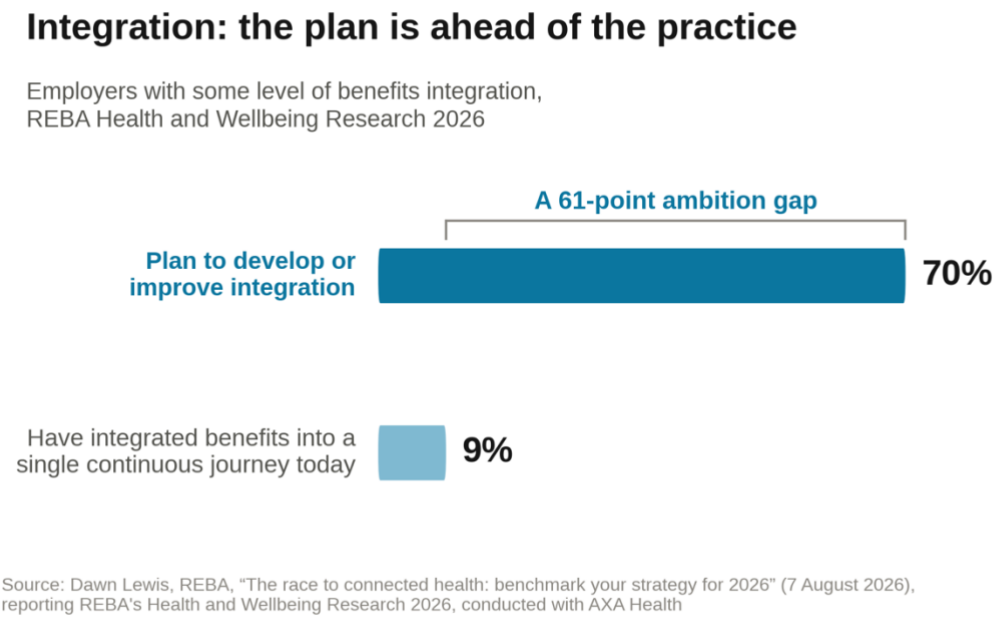
## Technology can make the system easier to navigate

There is no doubt that technology has an increasingly important role to play in addressing this problem.

A well-designed digital system can co-locate information and services that have traditionally sat in different places. It can make support easier to find, help employees understand what is available and increasingly provide more personalised routes into relevant services.

Recent REBA research suggests that most employers are still some way from delivering that integration in practice. In its 2026 Health and Wellbeing Research, conducted with AXA Health,

REBA found that just 9% of employers have so far integrated their health benefits into a single continuous journey, while more than two-thirds (70%) plan to develop or improve that integration.[3]




Source: Dawn Lewis, REBA, "The race to connected health: benchmark your strategy for 2026" (7 August 2026), reporting REBA's Health and Wellbeing Research 2026, conducted with AXA Health

This is an important development.

If technology can help employees move more easily between workplace support, preventative services and appropriate clinical care, it has the potential to reduce some of the fragmentation that has characterised the employee health market.

But I think there is a danger here too.

We can easily become so impressed by the technology that we forget what problem we are actually trying to solve.

**Making a service easier to find is not the same as helping somebody change their health.** This is a distinction I'm exploring further in my own work on *Beyond Navigation: Professional Health Coaching for Future Health Systems* — currently in development — which argues that health systems need relational intelligence, the human capability delivered through professional health coaching that turns insight into sustained action, alongside their technological and clinical intelligence.[6]

Receiving personalised information is not necessarily the same as knowing what to do with it.

And being given access to support does not automatically mean that a person is ready, willing or able to use it.

## The gap between knowing and doing

This is, perhaps, the part of the workforce health conversation that deserves more attention.

Most people already know a great deal about what contributes to good health. They know that sleep matters. They understand the value of physical activity. They are familiar with the broad principles of healthy eating and they know that excessive stress or alcohol can have consequences.

The challenge is rarely a simple lack of information.

The challenge is working out what is possible when health is embedded in the realities of an ordinary life.

Someone may know that being more active would help them, while also living with persistent pain.

They may understand that their sleep needs attention but be caring for an elderly parent or a young child.

They may have received information about managing a long-term condition but be struggling to incorporate that advice into a demanding working life.

This is why I am cautious about any suggestion that technology alone can solve the workforce health problem.

Technology can be an extraordinarily powerful enabler. It can help us identify patterns, connect people to relevant services and make support more accessible. But the OECD's work on workplace health promotion provides an important reminder that successful programmes depend on more than the intervention itself. Participation, workplace culture and integration with wider occupational health and prevention activity all influence whether workplace health initiatives achieve meaningful results.[4]

The World Health Organization makes a similar point in its broader approach to healthy workplaces. Health at work is not simply about offering services to individuals; it is also about creating working environments that protect and promote physical, mental and social wellbeing.[5]

**That suggests we need to think about prevention as a system rather than a collection of products.**

## From provision to connection

I believe this is where the conversation now needs to move.

The question for employers is no longer simply, "What else should we offer?"

It is becoming, "How well does everything we already offer connect around the person who needs it?"

That is a much more difficult question, because it requires us to look beyond benefit uptake and think about the employee journey.

Can people recognise when they need support?

Can they find it without having to understand the employer's internal structure?

Is the support appropriate to the complexity of their situation?

Does somebody help them make sense of what is happening when the issues cross traditional boundaries between physical health, mental health, lifestyle and work?

**And perhaps most importantly, does the system help people act early, before a manageable difficulty becomes a more serious health or employment problem?**

The economic argument for prevention supports this broader approach. OECD analysis of workplace health promotion has found that well-designed interventions can improve health and productivity, particularly when they are integrated with occupational health and wider prevention strategies. Its modelling has estimated, for example, that scaling up workplace interventions to reduce sedentary behaviour and promote physical activity across 30 OECD countries could generate a positive economic return of around US$4 for every US$1 invested.[4]


That figure should not be read as a universal promise of return. Workplace interventions vary enormously, as do the populations and settings in which they are delivered.

The more useful lesson is that prevention appears to work best when it is treated as part of the way an organisation thinks about work and health, rather than as an additional benefit sitting alongside everything else.

## Have we built the right system?

I think this is the challenge employers now face.

Years have been spent building an increasingly sophisticated benefits industry, and much of that investment is valuable. Employees today have access to forms of support that simply did not exist a decade ago.

But there is a difference between having a comprehensive portfolio of services and having a coherent prevention system.

A prevention system needs to do more than provide access. It needs to help people recognise emerging problems, understand what support is relevant and find their way towards it early enough for that support to make a difference. It also needs to recognise that the factors influencing health are rarely neatly separated into the categories in which services are commissioned.

Navigation technology can play an important part in creating that connectivity, and I believe its role will grow significantly over the next decade.

But I do not think the future lies in technology replacing *human* support.

The more interesting opportunity lies in understanding how digital insight, professional expertise and human connection can work together to help people make sense of their health and develop the capability to do something about it.

That takes us to the question I want to explore in the final article in this series.

**If the future of workforce health is not simply about offering more wellbeing, what might a more intelligent approach to creating and sustaining health actually look like?**

## Artificial Intelligence Assistance Statement

AI tools were used to support drafting, structuring, iterative development, and editorial refinement under human direction. All content was critically reviewed, revised, and approved by the authors, who retain full responsibility for the final output.

For UKIHCA's full *AI – Publications/Communications Assistance Policy*, please visit **HERE**.

# References


**1. Chartered Institute of Personnel and Development (CIPD) (2025). *Health and wellbeing at work 2025*.**
The CIPD's 2025 report provides current UK benchmarking on workplace health, wellbeing and absence. Key findings include an average of 9.4 absence days per employee per year, the highest level in more than fifteen years, and continued employer focus on mental health, chronic health conditions, disabilities and other life-stage challenges.
https://www.cipd.org/uk/knowledge/reports/health-well-being-work/

**2. Gethin Nadin, REBA (20 July 2026). *Why benefits technology is now essential infrastructure*.**
Recent commentary arguing that the challenge for employers is increasingly how effectively investment in benefits is operationalised, with benefits technology potentially acting as infrastructure that connects employees with support and enables more continuous engagement. This is an industry commentary rather than an independent evidence review.
https://reba.global/resource/why-benefits-technology-is-now-essential-infrastructure.html

**3. Dawn Lewis, REBA (7 August 2026). *The race to connected health: benchmark your strategy for 2026*.**
Reporting on REBA's Health and Wellbeing Research 2026, conducted in partnership with AXA Health. The research found that just 9% of employers have so far integrated their health benefits into a single continuous journey, while more than two-thirds (70%) plan to develop or improve that integration to better support employees' health journeys.
https://reba.global/resource/the-race-to-connected-health-benchmark-your-strategy-for-2026.html

**4. OECD (2022). *Promoting Health and Well-being at Work: Policy and Practices*.**
International analysis of workplace health promotion across ten countries. The report highlights the importance of integrating health promotion with occupational safety and health, workplace culture and wider prevention activity. OECD modelling estimated that scaling workplace interventions to reduce sedentary behaviour and promote physical activity could produce a positive economic return of around US$4 for every US$1 invested across 30 OECD countries.
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**5. World Health Organization (WHO). *Promoting healthy, safe and resilient workplaces for all*.**
The WHO frames healthy workplaces as environments in which people can work without becoming ill or injured because of their work, while also having opportunities to enhance their physical, mental and social wellbeing. Its approach combines prevention of workplace risks with wider health promotion.
https://www.who.int/activities/promoting-healthy-safe-and-resilient-workplaces-for-all

**6. Natrins, I. *Beyond Navigation: Professional Health Coaching for Future Health Systems*. UKIHCA. Forthcoming.**
A UKIHCA policy briefing arguing that future health systems must combine technological, clinical and relational intelligence, with professional health coaching identified as the primary means of turning insight into sustained behaviour change. Manuscript in preparation; not yet published.

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