Workplaces, Communities, Neighbourhoods: Three Places Doing the Same Job

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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.

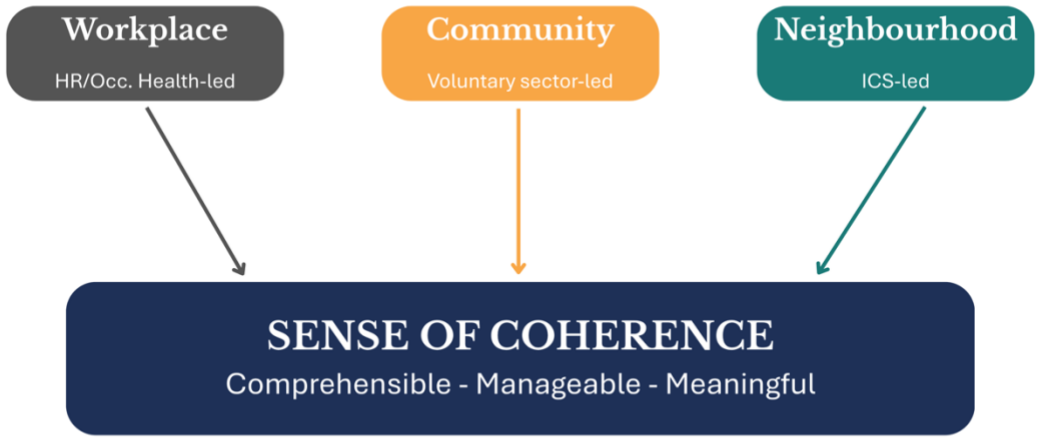
We keep asking health strategy the wrong question. We ask what causes illness, and how to stop it before it takes hold. Aaron Antonovsky [1],[2] asked something different: not what causes disease, but what creates health.

He called it '**salutogenesis'**, and at its centre sits something called Sense of Coherence - how far someone experiences their life as comprehensible, manageable and meaningful [2],[3].

That's not a fixed trait you either have or don't, but one we build continuously, by the environments people move through. A major 2026 review confirms the idea is now being applied everywhere from public health to occupational wellness to neighbourhood policy [4].

And here's the problem; the environments we move through that do most of that daily building - workplaces, communities, neighbourhoods - are treated as entirely separate.

Occupational health sits with HR. Community wellbeing sits with the voluntary sector. Neighbourhood health sits with the ICS. Different language, different funding, different workforce, for each. But are all three are doing the same job: building comprehensibility, manageability and meaning into the places where people actually live their lives.



Same underlying job - different names, budgets, workforces

Take work first. Salutogenic theory doesn't define a healthy organisation as one without stress - it defines it as one where **the workforce can participate and be productive in a way that's sustainable and meaningful**. This depends on management, HR and health professionals all pulling in the same direction [5]. This isn't wishful thinking - recent research shows that recovery time, autonomy and a positive social climate more than *double* how energised employees feel at work, and that supportive resources like autonomy and manager support build organisational commitment indirectly, through Sense of Coherence [6].

A 2025 study of 81 employees went further: clear, usable, flexible processes with visible management backing raised people's work-related Sense of Coherence and it was that rise, not the process itself, that improved wellbeing [7].

In other words: coherence, *not* perks.

The same thing is happening in communities and neighbourhoods. The Health Creation Alliance's model of health creation is built on truth-telling, identifying and building on people's own strengths, and sharing power - their '3Cs' of control, contact and communication [8]. That's salutogenesis, just under a different name, and it's no longer a fringe idea. IPPR's Commission on Health and Prosperity, co-chaired by Lord Ara Darzi and Dame Sally Davies, has said clearly that Britain needs to move from a sickness model of health policy to a health creation one - and that's now shaping government thinking on prevention and neighbourhood health [9].

So the theory is converging. The policy is converging. What's missing?

A workforce that can actually do this work across all three settings, rather than being siloed into just one.

Most roles built for 'wellbeing' are built for something narrower — HR wellbeing leads run benefits and programmes, navigators and social prescribers connect people to what already exists. Both matter hugely. However, neither is trained, or credentialled, to build Sense of Coherence itself, in a person, a team or a community, as their core skill.

This is where whole person health and wellbeing coaching comes in.

But I want to be precise about 'coaching' here, because the word 'coaching' gets used loosely, and it matters that it doesn't stay loose.

UKIHCA's own workplace evidence draws a clear line between health and wellbeing coaching, lifestyle coaching, and executive or career coaching: different focus, different evidence base and different outcomes.[10]

A whole-person health and wellbeing coach brings a distinctive combination of capabilities. They are trained not simply in coaching skills, but in **health, wellbeing, lifestyle and health behaviour change**: understanding the interconnected physical, mental, emotional, social and environmental dimensions of health; applying health literacy and evidence-informed health promotion; using a range of behaviour-change approaches appropriately; supporting people to develop self-efficacy, agency and sustainable health behaviours; and recognising the boundaries between coaching, education, signposting and clinical care.

Crucially, this is not a deficit-based or condition-specific approach. Whole-person health and wellbeing coaching starts with the person rather than the diagnosis or problem, working collaboratively to understand what matters to them, the factors influencing their health and wellbeing, and the strengths and resources they can draw upon to make meaningful and sustainable change. This requires practitioners who can work confidently with complexity and uncertainty, while clearly recognising the boundaries of their scope of practice and when referral or escalation is appropriate.

A life coach or executive coach might be excellent at what they do. But they are rarely (if at all) trained or credentialled in health literacy, lifestyle and health behaviour change, whole-person health and wellbeing, or the professional and clinical safety boundaries required when working with people's health. That distinction matters.

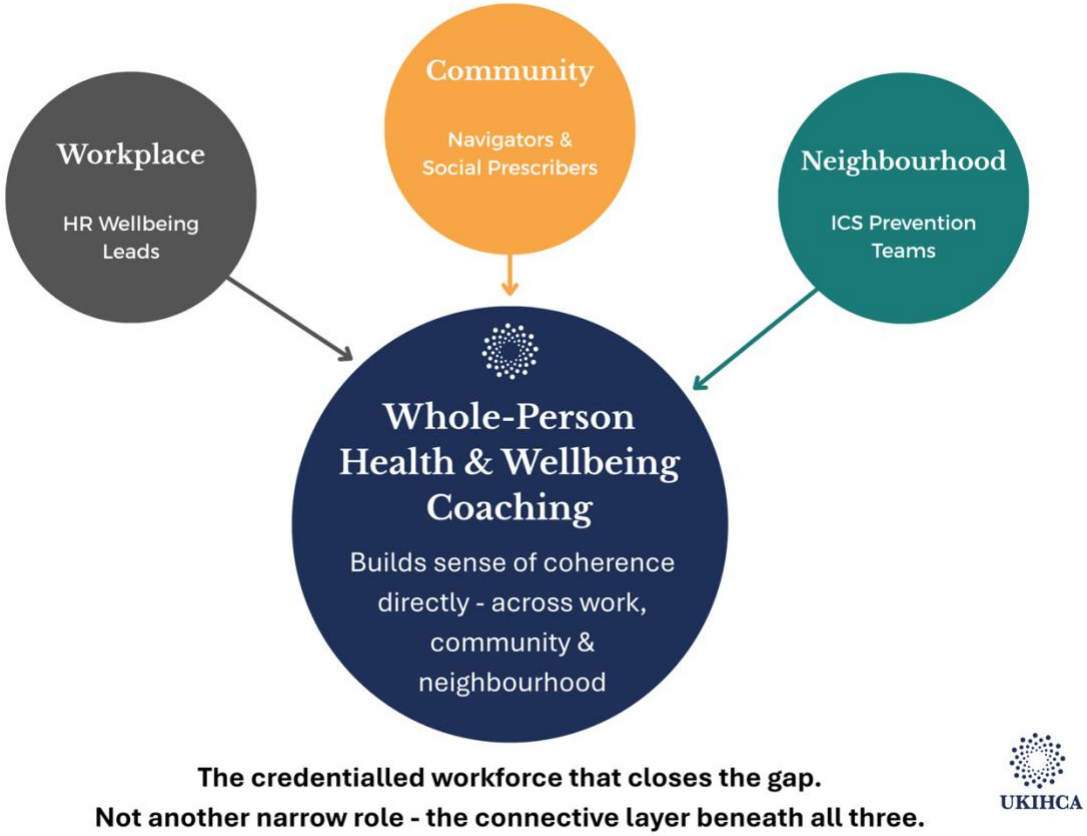
It is precisely why UKIHCA professional registration exists: to establish a defined scope of practice, code of ethics, supervision and professional standards, giving employers,

commissioners and the public confidence in the competence, accountability and professional boundaries of the practitioner they are engaging.

The distinction, therefore, is not that health and wellbeing coaches are 'better' coaches. It is that **they are specialist practitioners applying coaching within the domain of whole-person health and wellbeing**. Their unique contribution lies in bringing together relational coaching expertise with health knowledge, health behaviour-change capability, health literacy, professional accountability and an understanding of when coaching is appropriate, when it is not, and when other forms of support are required.

There is encouraging evidence, too, that structured coaching can build Sense of Coherence directly — a model developed by Gray, Burls and Kogan, later tested with an NHS Trust team going through serious organisational upheaval, where it produced real gains in resilience and team coherence [11],[12]. But it's worth being honest here: that evidence is about workplace resilience coaching in general, not health coaching specifically; we should always remember however, that whether at work, home or play… we are *whole* people. Wherever we go, as the wisdom says, there we are.

The evidence that does speak directly to health coaching is unambiguous: health coaching is explicitly anchored in the salutogenic model, working as a direct promoter of Sense of Coherence by building self-efficacy, confidence and resilience around health behaviour and health literacy [13]. The same paper flags health coaching's emergence as its own distinct profession *inside* the NHS. That's the specificity that matters - health coaching as a credentialled discipline built around health outcomes, not coaching skills in the abstract.



Put it together and the implication for employers, ICSs and community bodies is straightforward.

Workplaces need coherence-building at team and organisational level.

Communities and neighbourhoods need it at population level.

Whole person health and wellbeing coaching is the evidence-informed, credentialled discipline with a direct, evidenced link to Sense of Coherence around health specifically.

UKIHCA's own case studies already show what that looks like in practice: one organisation that introduced health coaching alongside manager training saw long-term absence fall by 15% in six months, with staff confidence to raise health concerns with managers up by 25% [10].

Investing in whole-person health coaching isn't a soft-skills add-on. It's salutogenic infrastructure.

UKIHCA-Registered Health Coaches are the accountable, evidenced route to deploying it — at work, in communities, and across neighbourhoods alike.

Aligned UKIHCA Publications

What Matters to You - The Purpose Behind the Behaviour

Health Coaching - A Human-Centred Solution for a Healthier, More Sustainable Workforce

Neighbourhood Health Framework 2026 - Embedding Health Coaching in System Design

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

References

1. Antonovsky, A. (1979) *Health, Stress and Coping.* San Francisco: Jossey-Bass.

2. Antonovsky, A. (1987) *Unraveling the Mystery of Health: How People Manage Stress and Stay Well.* San Francisco: Jossey-Bass.

3. Mittelmark, M.B., Sagy, S., Eriksson, M., Bauer, G.F., Pelikan, J.M., Lindström, B. and Espnes, G.A. (eds) (2017) *The Handbook of Salutogenesis.* Cham: Springer International Publishing.

4. Kenya, A., Omondi Otieno, K., Vuyiya, C. and Kenya, H. (2026) 'From fixing disease to building health: applying the salutogenic model to 21st-century preventive care — a literature review', *Journal of Contemporary Chiropractic*, 9(1).

5. Bauer, G.F. and Jenny, G.J. (eds) (2013) *Salutogenic Organizations and Change: The Concepts Behind Organizational Health Intervention Research.* Dordrecht: Springer.

6. Nature Index (2026) 'Salutogenic approaches to workplace health and well-being'. Available at: nature.com/nature-index (Accessed: 25 August 2026).

7. Richter, S.S., Reif, J.A.M., Spieß, E. and Berger, R. (2025) 'Healthy business processes: how a coherent work environment enhances employee well-being', *Gruppe. Interaktion. Organisation. Zeitschrift für Angewandte Organisationspsychologie (GIO)*, 56, pp. 441–449.

8. The Health Creation Alliance (2024) 'About us'. Available at: thehealthcreationalliance.org/about-us (Accessed: 25 August 2026).

9. Thomas, C., O'Halloran, J., Parkes, H., Hawkey, D., Williamson, A., Patel, P., Poku-Amanfo, E. and Quilter-Pinner, H. (2024) *Our Greatest Asset: The Final Report of the IPPR Commission on Health and Prosperity.* London: IPPR.

10. UKIHCA (2026) *Keeping Britain Working: Healthier, Happier Workplaces — Evidence-Based Strategies for Leaders and HR Professionals to Keep People Well, Productive and Engaged.* Bidford-on-Avon: UKIHCA. Available at: https://www.ukihca.com/images/White-Paper---Workplace-Whole-Health--Wellbeing---27.01.26.pdf (Accessed: 25 August 2026).

11. Gray, D., Burls, A. and Kogan, M. (2014) 'Salutogenesis and coaching: testing a proof of concept to develop a model for practitioners', *International Journal of Evidence Based Coaching and Mentoring*, 12(2), pp. 41–58.

12. Gray, D. (2016) 'Developing resilience and wellbeing for healthcare staff during organisational transition: the salutogenic approach', *International Journal of Evidence Based Coaching and Mentoring*, 14(2), pp. 31–47.

13. Silvestri, F., Vital, P., Saboga-Nunes, L. and Bittlingmayer, U. (2024) 'Health coaching: the node of health literacy & health promotion', *European Journal of Public Health*, 34(Supplement_3), ckae144.833.