

Public History and Wellbeing

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Public History and Wellbeing: A Comparative Analysis of the Impact of Digital and In-Person Engagement on Visitors' Subjective Wellbeing at Elizabeth Gaskell's House, UK

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Abstract: Over the last two decades, there has been an emergence of research pertaining to the impact of in-person engagement with historical sites on visitor wellbeing. Yet, despite this increasingly prolific research into the impact of historic places on individual visitors' or participants' wellbeing, the impact of digital online engagement with historical places on user wellbeing has been largely overlooked. This research sought to investigate and compare the impact of digital engagement versus in-person engagement on wellbeing at the heritage site Elizabeth Gaskell's House (UK). The quantitative and qualitative evaluation is based on public health care accredited measures (PANAS), previously piloted wellbeing measures designed for use in a heritage context (MWS), and visitor/user commentary. These methods enabled this study to begin to determine the differential wellbeing impact when engaging with heritage online or in-person and conclude that digital engagement provides an opportunity for historic places to lessen wellbeing inequality and support wellbeing.

Keywords: digital engagement; in-person engagement; wellbeing

1 Introduction

Recently, high-quality research into public history's impact on individuals has flourished. The relationship between public history and wellbeing is now an emergent field. Yet significant gaps in data relating to the relationship between public history and wellbeing still exist, including investigating the unique impacts of different forms of engagement, such as in-person and digital (online), have on individual's subjective wellbeing. This initial study aimed to investigate and compare

the wellbeing impact of in-person and digital engagement on 164 participants at the public history site Elizabeth Gaskell's House in Manchester, UK and sought to begin to address this deficit. This research is built upon a pilot study, which investigated the impact of engaging with digital museum resources while public history places were closed due to COVID-19. This tested the veracity of research methods to investigate the impact of digital engagement on user wellbeing and determined that engaging with online resources improved aspects of individuals' personal wellbeing during COVID-19 lockdowns.¹

Wellbeing has been associated with physical and mental health. The World Health Organization states that "health is a state of complex physical, mental and social wellbeing, and not merely the absence of disease or infirmity."² Wellbeing has also been associated with quality of life, prosperity, and sustainable thriving communities, as well as with liberal concepts such as freedom, liberty, and rights. Positive wellbeing has been associated with feelings of contentment, enjoyment, self-confidence, good relationships, engagement in the world, resilience, a sense of ownership, and people's enthusiasm to do things and has been linked to high levels of personal happiness.³ Positive wellbeing requires supporting and creating conditions in

1 Amy Luck and Faye Sayer, "Digital Engagement and Wellbeing: The Impact of Museum Digital Resources on User Wellbeing During Covid-19," *Heritage & Society* 16, no. 4 (2023).

2 World Health Organization, "Constitution of the World Health Organization," in *Basic Documents*, 49th ed. (New York: World Health Organization, 2020). https://apps.who.int/gh/bd/pdf_files/BD_49th-en.pdf#page=7.

3 Marie J. C. Forgeard et al., "Doing the Right Thing: Measuring Wellbeing for Public Policy," *International Journal of Wellbeing* 1, no. 1 (2011), 79–106, <https://doi.org/10.5502/ijw.v1i1.15>; Saamah Abdallah, Hanna Wheatley, and Annie Quick, *What Works Centre for Wellbeing: Drivers of Wellbeing Inequality*, 2017, <https://whatworkswellbeing.org/product/drivers-of-wellbeing-inequality/>; Sarah Reily, Claire Nolon, and Linda Monckton, *Wellbeing and the Historic Environment* (Swindon: Historic England, 2018), <https://historicengland.org.uk/images-books/publications/wellbeing-and-the-historic-environment/wellbeing-and-historic-environment/>; Anneyce Knight and Allan McNaught, *Understanding Wellbeing: An Introduction for Students and Practitioners of Health and Social Care* (Banbury: Lantern, 2011); Karen Scott, *Measuring Wellbeing: Towards Sustainability* (London: Routledge, 2012).

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which these attributes can thrive and human capabilities can flourish.⁴ An individual's wellbeing is perceived to be affected by external conditions, and these impact how individuals feel and function in society, which might include experiences such as visiting a historic site or museum.⁵

The measurement of wellbeing has been based on a capabilities approach, which focused on what attributes and virtues are required for people to flourish and improve their quality of life.⁶ Through the capability-based approach, wellbeing is subjectively measured based on what people are and feel able to do (for example, to keep learning or to be active). Measuring wellbeing through a capabilities approach forms the basis of the New Economic Foundation's (NEF) National Accounts of Wellbeing Framework of social and personal wellbeing indicators and subcomponents and the Five Ways to Wellbeing.⁷

The National Accounts of Wellbeing Framework, which was produced following research investigating the experiences of over 40,000 individual across more than 20 countries, suggested personal wellbeing is made up of five main indicators: emotional wellbeing (experiencing positive feelings and the absence of negative feelings); satisfying life; vitality; resilience and self-esteem (including optimism); positive functioning (including autonomy, competence, engagement, meaning and purpose) while social wellbeing is made up of two main indicators: trust and belonging and supportive relationships.⁸

The NEF suggests there are five steps an individual can take to improve or sustain their wellbeing, known as the 'Five Ways to Wellbeing' and promoted by the UK's National Health Service and mental health charities: connect, be active, take notice, keep learning, and give.

Engaging with the historic and heritage environment and its traditions is regarded as a mechanism to support wellbeing, including the Five Ways to Wellbeing and National Accounts of Wellbeing Framework indicators.⁹ The COVID-19 pandemic restricted in-person access to heritage sites, which resulted in questions over whether this engagement needs to be undertaken in-person to have an impact on wellbeing or whether digital engagement can support wellbeing.

Previous research into the impact of heritage places on wellbeing has focused on visitors, either day visitors and/or participants involved with specific heritage-based courses or interventions.¹⁰ In-person engagement with historic and archaeological sites and landscapes has been shown to improve wellbeing competencies.¹¹ Sofaer et al. survey into the impacts of visiting UK heritage sites on an individual's wellbeing determined that in-person engagement with historic sites supported physical and psychological capabilities including social connections, ontological security, and trust.¹² The UK's Department for

4 Abdallah, Wheatley, and Quick, *What Works Centre for Wellbeing*; Ian Bache and Karen Scott, "Wellbeing in Politics and Policy," in *The Politics of Wellbeing: Theory, Policy and Practice*, eds. Ian Bache and Karen Scott (London: Palgrave Macmillan, 2018), 1–22.

5 Abdallah, Wheatley, and Quick, *What Works Centre for Wellbeing*.

6 Amartya Sen, "Capability and Wellbeing," in *The Quality of Life*, eds. Martha Nussbaum and Amartya Sen (New York: Oxford University Press, 1993), 30–53; Scott, *Measuring Wellbeing*; Amartya Sen, "Equality of What?," in *Tanner Lectures on Human Values*, ed. Sterling McMurrin (Cambridge: Cambridge University Press, 1980), 195–220; Martha Nussbaum, "Wellbeing, Contracts and Capabilities," in *Rethinking Wellbeing*, ed. Leonore Manderson (Perth, Australia: API Network, 2005), 27–44.

7 Jody Aked et al., *Five Ways to Wellbeing. A Report Presented to the Foresight Project on Communicating the Evidence Base for Improving People's Well-being* (London: The New Economics Foundation, 2008); Juliet Michaelson et al., "National Accounts of Well-being: Bringing Real Wealth onto the Balance Sheet," New Economic Foundation, 2009, accessed January 5, 2021, https://neweconomics.org/uploads/files/2027fb05fed1554aea_uim6vd4c5.pdf; Carol Ryff, "Happiness is Everything, or Is It? Exploration of the Meaning of Psychological Well-being," *Journal of Personality and Social Psychology* 57, no. 6 (1989), 1069–1081, <https://psycnet.apa.org/doi/10.1037/0022-3514.57.6.1069>.

8 Michaelson et al., "National Accounts of Well-being: Bringing Real Wealth onto the Balance Sheet."

9 Claire Smith et al., "Using Archaeology to Strengthen Indigenous Social, Economic and Economic Wellbeing," in *Archaeology, Heritage and Wellbeing: Authentic, Powerful and Therapeutic Engagement with the Past*, eds. Paul Everill and Karen Burnell (Abingdon: Routledge, 2022), 119–44.

10 Eirini Gallou, David Uzzell, and Joanna Sofaer, "Perceived Place Qualities, Restorative Effects and Self-Reported Wellbeing Benefits of Visits to Heritage Sites: Empirical Evidence from a Visitor Survey in England," *Wellbeing, Space and Society* 3 (2022), <https://doi.org/10.1016/j.wss.2022.100106>; Faye Sayer, "Can Digging Make You Happy? Archaeological Excavations, Happiness and Heritage," *Arts & Health* 7, no. 3 (2015), 247–260. <https://doi.org/10.1080/17533015.2015.1060615>; Tim Darvill, "Monuments for Life: Building Human Henge at Stonehenge and Avebury," in *Historic Landscapes and Mental Well-being*, eds. Tim Darvill et al. (Oxford: Archaeopress, 2019) 65–84; Paul Everill, Richard Bennett, and Karen Burnell, "Dig In: An Evaluation of the Role of Archaeological Fieldwork for the Improved Wellbeing of Military Veterans," *Antiquity* 94, no. 373 (2020) 212–27. <https://doi.org/10.15184/agy.2019.85>, <https://www.cambridge.org/core/article/dig-in-an-evaluation-of-the-role-of-archaeological-fieldwork-for-the-improved-wellbeing-of-military-veterans/395F301E7BD14F5F5AC8D22BD1F90F99>.

11 A. Pennington et al., *Heritage and Wellbeing: The Impact of Historic Places and Assets on Community Wellbeing – A Scoping Review*, (London: What Works Centre for Wellbeing, 2019); Gallou, Uzzell, and Sofaer, "Perceived Place Qualities"; Timothy Darvill and Kerry Barrass, *Historic Landscapes and Mental Well-being* (Oxford: Archaeopress, 2019).

12 Gallou, Uzzell, and Sofaer, "Perceived Place Qualities."

Culture Media and Sport's "Taking Part" survey indicated that in-person engagement with historical sites had higher rates of life satisfaction than involvement in sports.¹³ In the UK, The National Trust's psychological survey of brain activities compared the impact of historical places and objects and concluded that "significant places more likely contain greater emotional importance than objects."¹⁴

Museums provided some of the earliest quantitative and qualitative evidence of public history's impact on wellbeing and mental health.¹⁵ Researchers at University College London (UCL) were the first to quantitatively investigate the impact of museum-based collections on wellbeing, specifically the impact experienced by hospital patients after handling museum objects.¹⁶ Subsequent research has highlighted that in-person engagement with museums helped improve wellbeing through supporting personal learning, creating social networks, supporting creativity, developing skills, and

encouraging self-expression.¹⁷ For example, the Inspiring Futures Project (a volunteering, training and placement program designed to achieve improvement, consistency, and quality in volunteering practice) delivered by the Imperial War Museum North and Manchester Museums indicated sustained improved physical, emotional, and mental wellbeing.¹⁸ Public history institutions have begun to develop interventions and projects to improve community and visitor wellbeing. For example, the Holburne Museum's Pathways to Wellbeing Programme, provides safe spaces for individuals to explore their creativity, connect with others, learn, and be inspired by art and heritage.¹⁹ Undertaking specific activities at these public history places has positively changed visitors' and participants' wellbeing.²⁰

¹³ Pennington et al., *Heritage and Wellbeing*; Gallou, Uzzell, and Sofaer, "Perceived Place Qualities."; Daniel Fujiwara, Thomas Corwall, and Paul Dolan, "Heritage and Wellbeing," English Heritage, 2014, <https://historicengland.org.uk/content/heritage-counts/pub/2014/heritage-and-wellbeing-pdf/>; Historic England, *A Strategy for Wellbeing and Heritage 2022–2025* (2022), <https://historicengland.org.uk/content/docs/about/strategy-wellbeing-heritage-2022-25/>; Department for Culture Media and Sport, *Taking Part 2015/16 Quarter 4 Statistical Release* (2016), accessed July 1, 2022, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/539312/Taking_Part_2015-16_Quarter_4_Report_-_FINAL.pdf.

¹⁴ National Trust, *Places that Make Us: Research Report*, 2018, 6, accessed December 3, 2023, <https://nt.global.ssl.fastly.net/binaries/content/assets/website/national/pdf/places-that-make-us.pdf>.

¹⁵ Linda Thomson and Helen Chatterjee, "Assessing Well-being Outcomes for Arts and Heritage Activities: Development of a Museum Well-being Measures Toolkit," *Journal of Applied Arts & Health* 5 (2014), 29–50. https://doi.org/10.1386/jaah.5.1.29_1; Christina Smiraglia, "Museum Programming and Mood: Participant Responses to an Object-Based Reminiscence Outreach Program in Retirement Communities," *Arts & Health* 7, no. 3 (2015), 187–201. <https://doi.org/10.1080/17533015.2015.1010443>; Michelle Kindleysides and Emma Biglands, "Thinking Outside the Box, and Making It Too: Piloting an Occupational Therapy Group at an Open-Air Museum," *Arts & Health* 7, no. 3 (2015), 271–78. <https://doi.org/10.1080/17533015.2015.1061569>; Linda Thomson et al., "Quantitative Evidence for Wellbeing Benefits from a Heritage-in-Health Intervention with Hospital Patients," *International Journal of Art Therapy* 17, no. 2 (2012), 63–79. <https://doi.org/10.1080/17454832.2012.687750>; "About," 2011, accessed December 12, 2019, <http://happymuseumproject.org/about/>; Helen J. Chatterjee and Paul M. Camic, "The Health and Well-being Potential of Museums and Art Galleries," *Arts and Health* 7, no. 3 (2015), 183–86. <https://doi.org/10.1080/17533015.2015.1065594>.

¹⁶ Thomson et al., "Quantitative Evidence for Wellbeing Benefits."; Thomson and Chatterjee, "Assessing Well-being Outcomes."

¹⁷ Kindleysides and Biglands, "Thinking Outside the Box, and Making It Too."; Linda J. Thomson et al., "Effects of a Museum-Based Social Prescription Intervention on Quantitative Measures of Psychological Well-being in Older Adults," *Perspect Public Health* 138, no. 1 (2018), 28–38. <https://doi.org/10.1177/1757913917737563>; Laura Phillips, "Reminiscence: Recent Work at the British Museum," in *Touch in Museums: Policy and Practice in Object Handling*, ed. Helen Chatterjee (Oxford: Berg, 2008) 199–204; Jocelyn Goddard and Sonia Rasbery, *Mental Health and Heritage Working in Partnership: 4 Linked Projects in Surrey*, MLA Renaissance Southwest 2011, <https://abcofworkingwithschools.files.wordpress.com/2011/06/mental-health-heritage-working-in-partnership.pdf>; Paul Bedford, "Archaeology, Community and Identity in a New English Town," *The Historic Environment* 2, no. 1 (2011), 49–67. <https://doi.org/10.1179/175675011X12943261434602>; Mary Ryan, *Pathways to Wellbeing Evaluation 2019–22*, 2022, accessed May 10, 2023, <https://www.holburne.org/wp-content/uploads/2022/08/Museums-of-the-future-Caring-for-communities-as-well-as-collections-2019-22-.pdf>; Mary Ryan, *Pathways to Wellbeing Evaluation 2016–19*, 2019, accessed May 10, 2023, <https://www.holburne.org/wp-content/uploads/2022/07/Museums-%E2%80%9393-Changing-lives-through-art-2016-19-1.pdf>; David Cutler, *Creatively Minded at the Museum: Creative and Mental Health Activity in Museums*, (London: Baring Foundation, 2022), https://cdn.baringfoundation.org.uk/wp-content/uploads/BF_Creatively-minded-at-the-museum_WEB_mr.pdf.

¹⁸ Danielle Garcia and Andrea Winn, *Inspiring Futures: volunteering for wellbeing. Final Report 2013–2016. Social return on investment*, Manchester Museum, Imperial War Museum North (Manchester, 2017); ¹⁹ Darvill and Barrass, "Historic Landscapes and Mental Well-being."; S. Desmarais, L. Bedford, and H.J. Chatterjee, *Museums as Spaces for Well-being: A Second Report from the National Alliance for Museums, Health and Wellbeing*, (London: ACE, 2018), <https://museumsandwellbeingalliance.files.wordpress.com/2018/04/museums-as-spaces-for-wellbeing-a-second-report.pdf>; Cutler, *Creatively Minded at the Museum*; Faye Sayer, "Understanding Well-Being: A Mechanism for Measuring the Impact of Heritage Practice on Well-Being," in *The Oxford Handbook of Public Heritage Theory and Practice*, eds. Angela M. Labrador and Neil Asher Silberman (New York: Oxford University Press, 2018), 387–404; Darvill, "Monuments for Life." Ryan, *Pathways to Wellbeing Evaluation 2019–22*; Ryan, *Pathways to Wellbeing Evaluation 2016–19*.

²⁰ Desmarais, Bedford, and Chatterjee, *Museums as Spaces for Well-being*; Pennington et al., *Heritage and Wellbeing*; Darvill and Barrass, "Historic Landscapes and Mental Well-being."

Research into the impact of historic sites and landscapes on individuals' wellbeing often identifies how, through in-person engagement, they supported meaning and place-making by evoking feelings, emotions, and self-reflection that contributed to people's sense of security, belonging, identity, and self-esteem.²¹ These in-person experiences and interactions with historic buildings, landscapes, and tangible material remains are associated with improving personal and social wellbeing, which form relationships between people and places, enabling individuals to develop connections, belonging, and identity. These therapeutic landscapes, the immersive physical experiences of being outside, and the performance of visiting a heritage site are considered to be critical to support individual wellbeing.²²

The in-person process of engaging in public history is often associated with the ability of public history places to impact wellbeing. Public history wellbeing research frequently links findings with the NEF's Five Ways to Wellbeing and supports the personal and social wellbeing competencies as identified by the National Accounts of Wellbeing Framework.²³ In-person engagement in historic sites can be linked to the NEF capabilities of keep learning, be active, connect, and take notice and indicators of personal wellbeing (emotional wellbeing, positive functioning, and vitality) and social wellbeing (belonging). The majority of interventions and wellbeing provisions at heritage sites focus on in-person engagement and onsite interventions.²⁴

21 Francesca Benetti, Katharina Möller, and Francesco Ripanti, "Working with Communities: Public Participation from the Archaeologists' Perspective," *Journal of Community Archaeology & Heritage* 9, no. 4 (2022): 287–303. <https://doi.org/10.1080/20518196.2021.1953320>; Briony Clifton, "People and Making Places," in *Historic Landscapes and Mental Well-being*, eds. Tim Darvill et al. (Oxford: Archaeopress, 2019), 144–52; Darvill, "Monuments for Life."

22 Clifton, "People and Making Places."; Claire Nolan, "The Prehistoric Landscape as Transitional Space," in *Historic Landscapes and Mental Well-being*, eds. Tim Darvill et al. (Oxford: Archaeopress, 2019), 163–78; Darvill, "Monuments for Life."; Allison Williams, "Introduction: The Continuing Maturation of the Therapeutic Landscape Concept," in *Therapeutic Landscapes*, eds. Allison Williams (London: Ashgate, 2007), 1–12; Wilbert Gesler, "Therapeutic Landscapes: An Evolving Theme," *Health and Place* 11, no. 4 (2005), 295–97. <https://doi.org/10.1016/j.healthplace.2005.02.003>.

23 Sayer, "Can Digging Make You Happy?"; Gallou, Uzzell, and Sofaer, "Perceived Place Qualities."; Andres Siegfried Dobat et al., "The DIME Project: Background, Status and Future Perspectives of a User Driven Recording Scheme for Metal Detector Finds as an Example of Participatory Heritage," *Danish Journal of Archaeology* 8 (2019), 1–15. <https://doi.org/10.7146/dja.v8i0.111422>.

24 Linda Monckton, "Wellbeing and The Historic Environment: A Strategic Approach," in *Archaeology, Heritage and Wellbeing: Authentic, Powerful and Therapeutic Engagement with the Past*, eds. Paul Everill and Karen Burnell (Abingdon: Routledge, 2022), 239–60.

The 'digital turn' and the rise of digital technology have transformed both how historical sites and places interpret and present history to the public and how the public has engaged, experienced, and interacted with historical places.²⁵ The introduction of social media, the internet, and digital technology has impacted the production and consumption of history. It has also changed the way that the public interacts with history and, conversely, how historians and curators interact with the public. New digital methods gave rise to user-centred history, allowed for public choice and autonomy in regard to the visitor experience, including when, where, and how visitors access historical sites and museums, and enabled historical spaces to reach global communities.²⁶ Many heritage professionals and academics have indicated that digital technology can decentralize and democratize public history practices, providing a mechanism to facilitate access, improve visitor diversity, and achieve equality of use.²⁷ Digital technology has been perceived as potentially enabling a sustainable option for the research, conservation, communication, and presentation of history.²⁸ A digital approach enables the public to have open access to a global knowledge economy and involvement and interaction in history.

The COVID-19 pandemic was a catalyst for the adoption of digital practices in public history. When in-person interactions with historical sites, places, and museums were largely impossible due to public health measures, digital technology became the primary mechanism by which public audiences could virtually engage with historical sites and museums.²⁹ As a result of both the digital turn and the COVID-19 pandemic, many public history organizations have invested in long-term digital provisions, such as ways to support remote digital access to historical material and

25 Emily Esten, "Combining Values of Museums and Digital Culture in Digital Public History," in *Handbook of Digital Public History*, eds. Serge Noiret, Mark Tebeau, and Zaagsma Gerben (Berlin, Boston: De Gruyter Oldenbourg, 2022), 107–20; Serge Noiret, "Digital Public History," in *A Companion to Public History*, ed. David Dean (London: Wiley-Blackwell, 2018), 111–23.

26 Esten, "Combining Values of Museums and Digital Culture."; Sharon Leon, "Complexity and Collaboration: Doing Public History in Digital Environments," in *The Oxford Handbook of Public History*, eds. Paula Hamilton and James Gardner (Oxford: Oxford University Press, 2017), 44–66; Noiret, "Digital Public History."

27 Noiret, "Digital Public History"; Roy Rosenweig and David Thelen, *The Presence of the Past* (New York: Columbia University Press, 1998).

28 Serge Noiret, Mark Tebeau, and Gerben Zaagsma, *Handbook of Digital Public History* (Berlin, Boston: De Gruyter Oldenbourg, 2022); Noiret, "Digital Public History."

29 Tula Giannini and Jonathan P. Bowen, "Museums and Digital Culture: From Reality to Digitality in the Age of COVID-19," *Heritage* 5, no. 1 (2022), 192–214. <https://doi.org/10.3390/heritage5010011>.

objects, online learning resources to support users to interact with historical places and collections, and digital approaches to historical sites that are equally interactive and immersive to in-person engagement.

Yet despite growth in investment in digital assets and increasing digital provisions for in-person and virtual visitors by historical sites, the wider impact of digital engagement on users has yet to be comprehensively researched or compared to in-person engagement, including the impact of digital provisions on user wellbeing. While recent research undertaken by Esteen and the Happy Museum project indicated wider social values of digital public history and pointed to some potential wellbeing capabilities supported by digital provision, including community building (e.g. National Accounts of Wellbeing framework indicators of social wellbeing, supportive relationships and belonging) and increased engagement (personal wellbeing, positive functioning), the impact of visiting public history places in-person compared to the impact of virtual visiting on individuals wellbeing has yet to be fully examined and understood.³⁰ This research aims to begin to address this deficit.

2 Elizabeth Gaskell's House

Elizabeth Gaskell's House, located in Manchester, UK, is the former home of the prolific English Victorian author Elizabeth Gaskell. While living there with her family from 1850 to 1865, Elizabeth Gaskell wrote many of her famous novels, including *Cranford*, *North and South*, and *The Life of Charlotte Brontë*, and received multiple notable visitors, such as Charlotte Brontë, John Ruskin, and Charles Dickens. Gaskell's works varied widely, but many were written in reaction to and as commentary on the industrialization of the area and period.

Elizabeth Gaskell's House (EGH) is run by the charitable trust Manchester Historic Buildings Trust, established in 1998 to save the Grade II* listed building (a nationally protected particularly important historic building of more than special interest).³¹ In 2004, the Trust acquired the freehold and made the House safe by replacing the roof and repairing the exterior. Between 2010 and 14, with fundraising activity and a £2.5 million Heritage Lottery Fund grant, the Trust and volunteers restored the House. The garden, the Study, Morning Room, Drawing

Room, Dining Room, and Elizabeth's bedroom were restored to the period in which the Gaskells lived in the property and furnished with items from the period or belonging to the Gaskells.

Currently EGH is run by a small team of paid staff and volunteers and is open to the general public on Wednesdays, Thursdays, and Sundays, with private tours, school visits and weddings taking place on other days. The House receives approximately 7000 visitors annually, of whom about 20% are international visitors, with visitor demographics skewed towards females. At the time of this research, in-person admission cost £5.50 per adult, valid for repeat visits for up to 12 months. EGH has a shop and café, runs various public and private tours, and also offers or organizes public and commercial events. All income generated goes towards the ongoing maintenance and running costs of the House and garden.

EGH launched a varied online program of events in the face of closures due to national and regional lockdowns caused by the COVID-19 pandemic, including online performances, monthly book groups, regular talks, courses, tours, short films, workshops, and panels, costing from £3 to 10 per event. These were popular with attendees, who requested online activities be continued after lockdown; consequently, they were incorporated into the site's long-term programming.

Elizabeth Gaskell's House was chosen as the focus of this study due to the organization's commitment to providing a varied program of online activities during and after COVID-19 lockdowns, the authors' pre-existing relationships with the site, which allowed regular onsite data collection visits, and because this research was also beneficial to the organization, assisting them to provide evidence of the site's impact for future funding applications.

3 Methodology

The research methodology was developed from a pilot conducted in 2020, which responded to the public history sector's shift to digital programming in the face of the COVID-19 pandemic.³² This research quantitatively and qualitatively measured and compared the impact of digital and in-person engagement at EGH on subjective wellbeing using standardized public health care accredited measures, which were adapted for use within public history contexts.

The mixed method evaluative approach utilized in this study was grounded in humanistic and value-based theories of wellbeing, in which public history could have unique personal

³⁰ Esteen, "Combining Values of Museums and Digital Culture."

³¹ Historic England, "Listed Buildings," accessed September 13, 2023, <https://historicengland.org.uk/listing/what-is-designation/listed-buildings/>

³² Luck and Sayer, "Digital Engagement and Wellbeing."

and social impacts on wellbeing.³³ The application of a positivist and pragmatic approach, grounded in social and health science-based measurements that collected social value data, enabled the investigation and comparison of the impact of digital and in-person public history engagement practices on individuals' subjective wellbeing. In-person and digital heritage engagement was considered as an ethnographic process, and users' experiences within both settings were perceived as impacting their lives, including personal and social wellbeing indicators outlined in the National Accounts of Wellbeing Framework. This methodological approach ensured maximum contextually applicable data was collected and minimized the risk of results being limited by specific quantitative or qualitative limitations. Based on pilot study findings, qualitative methods incorporated free-comment space with direct, non-leading open-ended questions to provide space for people to consider their own indicators for improved wellbeing. Incorporating qualitative data enabled the investigation of specific impacts on wellbeing and helped determine context and specific reasons for improved wellbeing. Quantitative pilot-tested public health methodological frameworks of wellbeing and mental health assessments, such as the Modified Wellbeing Survey (MWS) and the Positive and Negative Affect Schedule (PANAS), were used to assess the impact of digital and in-person engagement at EGH and to help understand the difference between the wellbeing impact of engaging online or in-person.³⁴

The Negative Affect and Positive Affect scales (PANAS) (Figure 1) were developed in 1988 by Watson, Clark, and Tellegen.³⁵ PANAS measures emotional wellbeing through listing 20 words relating to emotions (10 positive and 10 negative). Participants select how much they felt these words applied to them on a numbered five-point Likert scale (from 1 – not at all to 5 – extremely). PANAS was designed to enable repeated use, within either a pre/post or longitudinal study, with the researcher able to insert time periods such as the 'past few weeks' or 'past year' into the survey questions. This research asked participants to "indicate how much you

agree with these statements at the present moment," for example. When administered repeatedly, change in PANAS scores can show change over the time period between the completion of surveys.

The Modified Wellbeing Scale (MWS) (Figure 2) was developed by Sayer from Thomson, Ander, Menon, Lanceley, and Chatterjee's modified Visual Analogue Scale (VAS).³⁶ The MWS measures subjective wellbeing and happiness and incorporates elements from the VAS, the General Health Questionnaire (GHQ), UK Office for National Statistics wellbeing questions (based on the New Economic Foundation's Five Ways to Wellbeing), the National Accounts Framework, and the Warwick Edinburgh Mental Wellbeing Scale. Participants were given a series of 11 phrases relating to capabilities that impact personal and social wellbeing and were asked to select how they felt these phrases related to them at the current moment on a five-point Likert scale.

A pre-post approach was used to measure change in wellbeing; surveys containing the MWS, PANAS, and qualitative questions were provided to participants at the start and end of a their in-person or online engagement with EGH. This approach decreased the possibility that extraneous variables impacted results and increased the probability that engaging with EGH either online or in-person was the

Please tick to indicate how much you agree with these statements at the present moment:					
I feel.....	Not at all	A little	Moderately	Quite a bit	Extremely
Attentive					
Distressed					
Interested					
Alert					
Jittery					
Excited					
Guilty					
Afraid					
Enthusiastic					
Irritable					
Strong					
Ashamed					
Inspired					
Scared					
Hostile					
Active					
Nervous					
Proud					
Upset					
Determined					

Figure 1: PANAS survey used in this study.

33 Aked et al., *Five Ways to Wellbeing*; Michaelson et al., "National Accounts of Well-being"; Elsa Sereke Tesfazghi, J. A. Martinez, and J. J. Verplanke, "Variability of Quality of Life at Small Scales: Addis Ababa, Kirkos Sub-City," *Social Indicators Research* 98, no. 1 (2010), 73–88. <https://doi.org/10.1007/s11205-009-9518-6>; Guido Veronese et al., "Measuring Well-Being in Israel and Palestine: The Subjective Well-Being Assessment Scale," *Psychological Reports* 120, no. 6 (2017), 1160–1177. <https://doi.org/10.1177/0033294117715479>.

34 Sayer, "Understanding Well-Being"; Sayer, "Can Digging Make You Happy?"

35 David Watson, Lee Anna Clark, and Auke Tellegen, "Development and Validation of Brief Measures of Positive and Negative Affect: The PANAS Scales," *Journal of Personality and Social Psychology* 54, no. 6 (1988), 1063–70. <https://doi.org/10.1037//0022-3514.54.6.1063>.

36 Sayer, "Understanding Well-Being."

Please tick to indicate how much you agree with these statements at the present moment:					
I feel.....	Not at all	A little	Moderately	Quite a bit	Extremely
Interested in the world around me					
Connected to the people around me					
Happy with my life					
Satisfied with my life					
I have the opportunity to learn new things					
A sense of accomplishment					
Optimistic about my future					
I have freedom of choice					
I can overcome challenges					
Connected to the local environment					
My life is worthwhile					
I belong to a neighbourhood					
I feel secure about my source of income					

Figure 2: MWS survey used in this study.

cause of any changes to participant’s wellbeing.³⁷ Surveys included an optional demographic section, which asked participants to share their location (country and postcodes), age, gender, and if they identified as having a disability.

Convenience sampling was used to locate participants; individuals who attended EGH in-person were approached at the start of their visit and invited to take part, while online visitors were invited to take part at the start of online activities and via ticket booking confirmation emails. Participants were asked to complete a ‘before’ survey at the start of their visit/online activity and provided with an ‘after’ survey at the exit/end of their online activity. Both sets of participants were invited to ask questions about the research (in person or via email) prior to taking part. ‘Before’ surveys requested participant email addresses, and those who had not completed the ‘after’ surveys were contacted and reminded to complete them online if they had not done so at the end of their visit/online interaction. Participants were automatically withdrawn if they did not complete both surveys, as change could not be measured without before and after scores or if ‘after’ surveys were completed more than seven days after the ‘before’ survey.

37 Matthew S. Thiese, “Observational and Interventional Study Design Types; An Overview,” *Biochemia Medica* 24, no. 2 (2014), 199–210. <https://doi.org/10.11613%2FBM.2014.022>; Patricia Leavy, *Research Design: Quantitative, Qualitative, Mixed Methods, Arts-Based, and Community-Based Participatory Research Approaches* (New York: Guilford Publications, 2017).

This research was granted ethical approval from Manchester Metropolitan University’s Ethics Committee (23,858 and 13,007). All participants were given participant information sheets and were required to complete a consent form to enable use of anonymized data for research purposes. Participants were required to be over 18 years old and attend EGH in-person or digitally, but no other selection or exclusion measures were applied.

To determine the differential impact of in-person or online engagement with EGH, statistical analysis was conducted on quantitative data sets, and results were compared. Percentage differences between mean before and after results were calculated and compared. Statistical hypothesis testing was used to determine significant changes to individual wellbeing after engagement with EGH, via two-tailed non-parametric related sample tests.³⁸ When the test returned a *p*-value below 0.05 (5 %), results were deemed statistically significant, demonstrating real change to wellbeing after engagement with EGH with 95 % confidence. When the *p*-value returned was below 0.01 (1 %), results were determined to be highly significant.³⁹ Statistical significance confirmed that changes after engagement were not due to chance and ensured change after engagement could be attributed to engaging with EGH. Statistically significant results from each data set were compared to assess which method of engagement had the most impact on wellbeing and to determine differences and similarities between measures which were impacted by each method of engagement.

Thematic analysis based on the National Accounts of Wellbeing Framework personal and social wellbeing indicators and the Five Ways to Wellbeing was used to determine recurring themes relating to wellbeing impacts in qualitative data. Qualitative findings from each method of engagement with EGH were compared to ascertain similarities and differences between each data set. Quantitative and qualitative data was triangulated to determine evidence-based conclusions regarding the wellbeing impact of each method of engagement.

38 Either Wilcoxon Signed Rank Test or the Paired-Sample Sign Test was utilized. In all tests, the null hypothesis assumed that the median of differences between [measure pre-test] and [measure post-test] equalled 0.

39 Robert A. Donnelly, Jr. and Fatma Abdel-Raouf, *Statistics* (Indianapolis: Alpha, 2016). The two-tailed test was applied to test for change to an individual’s wellbeing. The greater number of positive or negative differences observed determined the direction of change. If there were more negative matched pairs than positive, for example, the direction of change was determined to be negative. If a negative measure such as ‘scared’ had a negative direction of change (i.e. reduced), wellbeing was deemed to have improved.

4 Results

4.1 In-Person Engagement

90 in-person participants completed both 'before' and 'after' surveys. Participants who provided demographic data were largely female (71 %), did not identify as having a disability (92 %), and were aged between 18 and 77, with 60 % over the age of 50 and an average age of 49. Most participants were located in the UK (98 %) and lived 44.27 miles from EGH on average (range 0.33–239.42 miles). 48 % of the participants stated that they visited a heritage site at least once a month.

Statistical analysis indicated that after in-person engagement participants experienced significant reductions to feelings of being nervous, irritable, and scared (see Appendix 4.1, Figure 1) and improvements to positivity such as feelings of being inspired, excited, determined, proud, alert, and attentive (see Appendix 4.1, Figure 2). The results reveal that participants experienced statistically significant increases to feeling happy with my life, the opportunity to learn new things, satisfied with my life, and I belong to a neighbourhood (see Appendix 4.1, Figure 3).

Statistically significant changes demonstrated that engaging with EGH in-person supported participants in the Five Ways to Wellbeing qualities to take notice, keep learning and connect and the National Accounts of Wellbeing framework personal and social wellbeing indicators emotional wellbeing, satisfying life (satisfied with my life), resilience and self-esteem (determined, proud, inspired), positive functioning (engaged: alert and attentive, meaning and purpose: opportunity to learn new things), and trust and belonging (I belong to a neighbourhood).

Thematic analysis of participant commentary indicated visiting EGH in-person supported the Five Ways to Wellbeing.⁴⁰ In-person engagement supported participants to connect with "family," "friends," and "volunteers" by providing a shared experience and "conversation point"; and one participant commented "with my teenaged daughter ... I very much enjoyed the fact she also found it very interesting."⁴¹ EGH enabled participants to connect to the "past," the "history of the local area," "the author of the books I love," "my family history," and the "world around me"; participants commented they could "really imagine a family living here!" and find "links in my mind with other figures of the 19th Century."⁴² In-person engagement supported participants to connect through 'reflect

[ing] on my family history' and personal memories and experiences, such as "I lived here in 1981."⁴³

In-person engagement supported participants to be active. They commented it was "great to get out and do things," and in-person engagement encouraged participants to take notice as visiting was "interesting," "stimulating," and "absorb[ing]"; one person commented that EGH enabled them to escape "into another 'world' of history and wonder ... to just focus on the house and not my phone."⁴⁴

Participants were supported to keep learning and "learn new things" as visits were "informative," "inspiring," and "enjoyable" and commented they "enjoyed learning and exploring local history," it has "enhanced knowledge and understanding," and "I learned a lot about the author, which inspired me to read more of her work."⁴⁵

In-person engagement supported participants' personal wellbeing, and emotional wellbeing was improved as participants' positive feelings increased and they felt "uplifted," "happier," "cheerful," and "more positive and more upbeat"; participants commented it was a "very positive experience," a "low stress environment," "a calming experience," that they "feel better for having been here," and "came away with a warm feeling."⁴⁶ In-person engagement reduced negative feelings. Participants commented that the visit has "de-stressed by immersing myself in the surroundings of the house," "cheered me up and took my mind away from work," "I came here as I was upset, I had argument with boyfriend. This is one of my safe spaces. Nothing bad can happen here," and "visiting heritage places has been a big part of my "journey" of cancer recovery, + today has been a big contribution for such a relatively small place."⁴⁷

Visiting in-person impacted participants' resilience and self-esteem; it inspired optimism, encouraged them to "set up future activities," and one person commented, "I feel more positive about the potential of people achieve improvements to living conditions and human rights."⁴⁸ It supported resilience by providing a "safe space" to "de-stress," "feel good about ... life," and felt "lighter of spirit."⁴⁹ Participant's positive functioning was improved, engagement was supported, and participants felt they had accomplished something through interacting with "interesting" material, which "satisfied curiosity." One participant commented they "felt very happy that I had made the effort to

⁴⁰ Aked et al., *Five Ways to Wellbeing*.

⁴¹ Anonymous Participant 46, 39, 42.

⁴² AP 24, 58, 32, 59, 64.

⁴³ AP 16, 15, 48.

⁴⁴ AP 31, 1, 2, 3, 9, 10, 15, 28, 33, 43, 46, 60, 63, 84, 86, 8, 61, 90.

⁴⁵ AP 11, 57, 63, 79, 37, 30, 50, 7, 62.

⁴⁶ AP 70, 8, 36, 50, 18, 7, 33, 68, 85, 29.

⁴⁷ AP 70, 20, 5, 28.

⁴⁸ AP 22, 75, 21.

⁴⁹ AP 20, 80, 5, 79.

visit the house.”⁵⁰ EGH supported participants' sense of autonomy, commenting that the visit “helps you appreciate what we all have, especially the independence we have as women,” and participants' vitality, encouraging them to be active and exert themselves “really tired – been here 4 hours as it was so interesting.”⁵¹

In-person engagement improved participants' social wellbeing. Trust and belonging was developed by connecting participants to “to history,” “to the past,” and enabling “pride in my city.”⁵² Supportive relationships improved between family, friends, and staff by EGH providing an “enjoy[able]” and “interesting” place to spend time together and facilitating “conversation points.”⁵³

Quantitative and qualitative data indicated visiting EHG in-person impacted participants wellbeing: it provided experiences that supported participants to keep learning, connect, and take notice. EGH improved social wellbeing by creating a sense of trust and belonging through connections to the past and locality, and it improved personal wellbeing related to positive functioning by supporting participants to be engaged, learn, and feel autonomy and competence in accomplishing the visit. In-person engagement improved emotional wellbeing by supporting participants to feel more positive and less negative, experience resilience and self-esteem by engendering participants to feel more optimistic and resilient, and improve vitality by supporting participants to feel more active.

4.2 Online Engagement

74 individuals attending online events completed both ‘before’ and ‘after’ surveys within seven days of each other. Participants who provided demographic data were predominantly female (96%), did not identify as having a disability (88%), and were aged between 21 and 80, with 81% over the age of 50 and an average age of 61. Most participants were located in the UK (88%) and lived 50.69 miles from EGH on average (range 1.93–233.28 miles). 50% of participants stated that they visited a heritage site at least once a month.

Results revealed that after online engagement with EGH, participants experienced statistically significant reductions in feeling guilty, upset, afraid, irritable, scared, distressed, and nervous (see Appendix 4.2, Figure 4). They also experienced significant improvements in resilience and self-esteem, positive functioning, life satisfaction, and social wellbeing (see Appendix 4.2 Figures 5 and 6).

Statistically significant changes demonstrated that changes were not due to chance and that online engagement with EGH supported participants to take notice, keep learning, and connect and improved their personal and social wellbeing linked to the National Accounts of Wellbeing framework. Participant emotional wellbeing, satisfying life (satisfied with my life), resilience and self-esteem (I can overcome challenges, determined, inspired), positive functioning (engaged: interested in the world around me; meaning and purpose: opportunity to learn new things; competent: a sense of achievement), supportive relationships (connected to the people around me), and trust and belonging (I belong to a neighbourhood) all improved.

Thematic analysis of participant comments indicated that digital ‘online’ engagement with EGH supported participants in the Five Ways to Wellbeing. Participants regarded online engagement as “socially stimulating” and felt supported to “connect” and feel “connected to people,” “family,” the “local community,” “tour guides,” “society,” and “likeminded people.” Digital experiences enabled participants to feel part of “a community,” “the arts and literary worlds,” and “the outside world” through shared “experiences” and “shared interests”; participants commented that “the shared interest gave us a reason to get together,” they “welcomed to know that many other people care about the same things,” the visit “helped me connect with others with similar research interests,” they felt “a kinship with people I’d never met,” were glad to “be involved with UK heritage even though I now live in Canada,” and that they wanted to “hear about other’s points of view.”⁵⁴

Participants were supported to take notice and found engaging with EGH online was “interesting,” “stimulating,” “inspirational” and focused their “attention and interest”; participants commented it “enriched my experience,” “transporting me to another world,” and “opened up horizons and lines of thought.”⁵⁵

Online engagement provided participants with opportunities and inspiration to keep learning and increase their “knowledge” through providing “informative” and “stimulating” material that supported “personal development” and their ability to “develop interests.” Participants commented it has supported them to be “enthusiastic about my own research and writing” and provided “new sources of inspiration and new materials to read.”⁵⁶

Participant commentary indicated personal wellbeing improved, including emotional wellbeing through increased positive feelings as they felt “happier,” “brighter and invigorated,” “relaxed,” and “empower[ed].” Participants commented

⁵⁰ AP 46, 1, 2, 3, 9, 10, 15, 28, 33, 43, 46, 60, 63, 84, 86, 31.

⁵¹ AP 28, 56.

⁵² AP 32, 38, 6.

⁵³ AP 39, 46, 38.

⁵⁴ AOP 12, 59, 7, 22, 14, 29, 55, 65, 30, 20, 68, 3, 59, 50, 48.

⁵⁵ AOP 9, 3, 23, 34, 39, 47, 49, 50, 57, 69, 71, 6, 20, 24, 70, 4, 50, 70, 34.

⁵⁶ AOP 38, 19, 58, 2, 59, 14.

that their engagement had “raised my spirits,” “gave me a real sense of lift, a boost to my mood,” “made me laugh out loud,” and “sustained me during this pandemic.”⁵⁷ Comments indicated online engagement reduced negative feelings because “focusing on something of such great interest means you don’t dwell on the negative aspects of life” and “is a good way to switch off ... certainly important for helping me refocus.”⁵⁸

Online activities supported participants to have a satisfying life and to “value my life” and improved vitality, with activities described as “energising”; participants commented it has “kep[t] my mind active” and “nourished and renewed.”⁵⁹ Participants frequently commented on elements of positive functioning, specifically on engagement; online engagement was “interesting,” “inspirational,” “stimulating,” “peak[ed] my interest,” “keep me curious,” and “keeps my mind working” and on competency, with comments such as “It makes me feel more intelligent (or reminds me that I am intelligent)” and visiting “does feel like you have achieved something”.⁶⁰

Online activities provided participant autonomy through “accessible” and “inclusive” provisions; participants commented that “online talks and events are so much more inclusive and enable those who are unable to attend these events in person to feel valued and included,” that they were “grateful for online events, as they are so accessible,” visiting online “open[ed] up new opportunities that were not there before. I was able to attend this event even though I live a long way away” and online opportunities “are perfect for disabled participants.”⁶¹ Participant commentary indicated online activities supported resilience and self-esteem. This included improving optimism through providing a “interesting” and “inspiring” activity to “look forward to”; participants commented it has provided “lots of new ideas and suggested areas of interest for further reading and research” and they felt “inspired through the enthusiasm of the speaker and the interesting tour of the house.”⁶² Online engagement supported participants self-esteem, and they commented it “helped me to think more positively about my reading” and provided “affirmation.”⁶³

Participants indicated online engagement supported social wellbeing, including improvement in trust and belonging, and commented it has enabled them to feel “I belonged to a like-minded group of people,” “I have some kind of connection with the local community and I feel that, some way, I belong here,” and “It is great how Manchester is proud of its heritage

and everyone appreciate it an[d] [can] be an active part of it.”⁶⁴ It encouraged the development of existing and new supportive relationships by enabling participants to “connect with like-minded people” and “be part of a group”; a participant commented it was an “enjoyable evening shared with my 90 year old mum and stimulated conversation about the subject matter.”⁶⁵

Quantitative and qualitative data indicated that online engagement with EGH impacted participant subjective wellbeing by providing visitor experiences that support participants to keep learning, connect and to take notice. It improved social wellbeing specifically in creating a sense of belonging and supportive relationships. Online engagement also improved personal wellbeing specifically in positive functioning, enabling participants to be engaged in a visit in which they learnt and feel competent in achieving something. It improved emotional wellbeing by supporting participants to feel more positive and less negative, experience resilience and self-esteem, engendering participants to feel more optimistic and improved self-esteem.

5 Discussion

In comparison to participants visiting EGH in-person who provided demographic data, online participants who provided demographic data tended to be older and a larger proportion identified as disabled, although these were still a minority. Online engagement had a larger proportion of international visitors, and online visitors from the UK on average lived further away. In-person participants had a more even gender divide, but females were still more prevalent. Both sets of participants were regular heritage visitors.

The mean average impact of negative PANAS measures demonstrated that, compared to in-person engagement, online engagement had nearly double the amount of impact on negative emotions (–12.48 % compared to –6.54 %) (Figure 3). Results indicated online engagement statistically significantly reduced more negative measures than in-person engagement (see Appendix 5, Figure 7).

The mean average impact of positive PANAS measures demonstrated that in-person engagement had a slightly larger impact on these measures than online engagement (9.52 % increase compared to 8.32 % increase) (Figure 4). Results revealed in-person engagement statistically significantly increased more positive measures than online engagement (see Appendix 5, Figure 8).

57 AOP 25, 35, 37, 23, 9, 6, 36, 21.

58 AOP 14, 54.

59 AOP 21, 14, 16, 66.

60 AOP 3, 23, 34, 39, 47, 49, 50, 57, 69, 71, 6, 20, 24, 70, 14, 63, 11, 46, 14.

61 AOP 12, 30, 72, 5, 9.

62 AOP 23, 8, 1, 48, 60.

63 AOP 52, 26.

64 AOP 68, 33, 68.

65 AOP 47, 38, 67.

The mean average impact of MWS measures demonstrated that online engagement had a larger impact on MWS measures (5.82 % compared to 3.44 %) (Figure 5). Results revealed online engagement statistically significantly increased more MWS measures than in-person engagement (see Appendix 5, Figure 9).

Online participants experienced a higher total number of significant improvements to measures (18) in comparison in-person engagement (13) (see Appendix 5, Figures 7, 8, and 9). This demonstrated online engagement impacted more facets associated with wellbeing than in-person engagement.

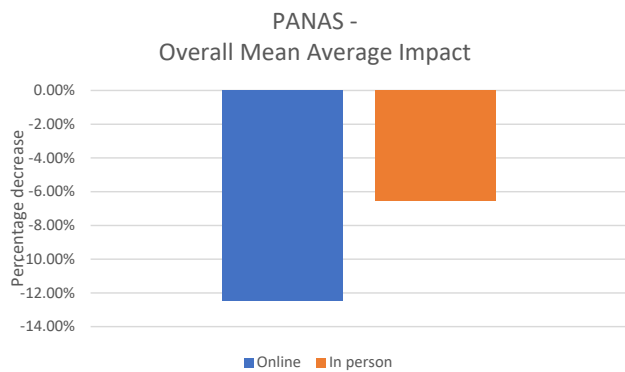


Figure 3: Overall PANAS mean average impact after engagement.

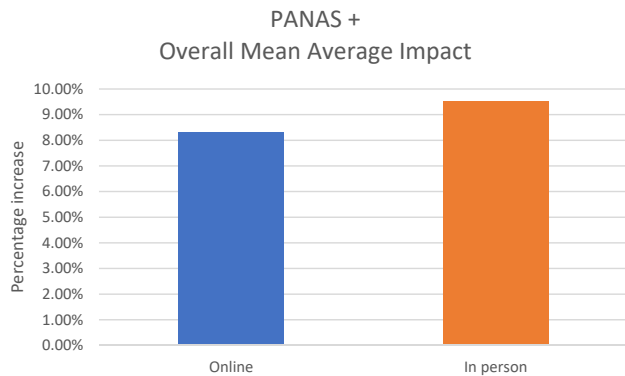


Figure 4: Overall PANAS mean average impact after engagement.

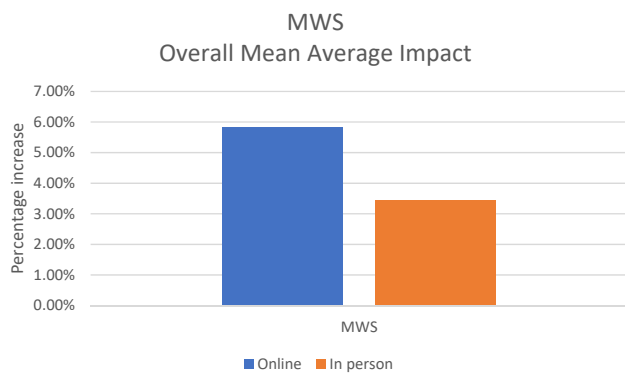


Figure 5: Overall MWS mean average impact after engagement.

Quantitative analysis indicated online and in-person engagement with EGH significantly improved participants' social wellbeing (trust and belonging) and personal wellbeing (satisfying life, emotional wellbeing, resilience and self-esteem, and positive functioning) and supported participants to take notice, keep learning, and connect. In-person engagement with EGH produced statistically significant improvement to participants' emotional wellbeing (positive emotions) and self-esteem and resilience, while online engagement impacted supportive relationships and positive functioning (competence).

Analysis of qualitative data demonstrated that both types of engagement supported social wellbeing (trust and belonging and supportive relationships) and personal wellbeing (satisfying life, vitality, emotional wellbeing, and positive functioning). Only digital engagement supported self-esteem, and only in-person engagement supported resilience. Qualitative data demonstrated that both methods of engagement supported participants to connect, take notice, and keep learning, but only in-person engagement supported participants to be active.

Combined quantitative and qualitative results both indicated that each mode of engagement improved personal wellbeing components of satisfying life, emotional wellbeing, resilience and self-esteem, and the subcomponent optimism and improved the social wellbeing indicator of trust and belonging. Only online engagement improved the positive functioning subcomponent competent and the social wellbeing component supportive relationships. Only in-person engagement improved resilience.

Both methods of engaging with EGH improved participant wellbeing; however, online engagement had a larger number of statistically significant changes and impacted the most National Accounts of Wellbeing Framework indicators.

6 Limitations

The use of a singular case study site had a range of advantages and did permit direct comparisons between methods of engagement. Yet use of only one site meant the results of this study are specific to this context and do not enable sector-wide generalizations. In the future, research that collects data from a wide range of public history sites is required to mitigate this limitation. Likewise, the timing of this research and the long-term impacts of COVID-19 in the UK and beyond requires findings to be considered within the context of a worldwide pandemic. Data collection periods for both sets of data were not identical but did overlap (April 2021 – March 2021 for online visits and October – December 2021 for in-person visits). COVID-19 restrictions in England were relatively similar for both, with restrictions

easing throughout the period until December 2021 when they tightened for one month due to the Omicron variant before easing again in January 2022.

The use of convenience sampling reduced logistical challenges and maximized data collected, yet this method introduced sampling bias as participants were normative heritage users. As such, findings are limited to this specific group, impeding wider population generalization. Further research requires more diverse participants to represent wider population demographics. Additionally, there was no overlap between participants who visited the site in-person and online. The findings of this study may therefore be impacted by participant variables amongst the two groups, such as participant age, gender, disability, and location. The use of a repeated measures design in the future would reduce this impact but could increase order effects.

The sample size (n 164) enabled confidence in results but prevented further division of the data to investigate differential wellbeing impacts amongst types of engagement (e.g. tour or course) and participant demographics. A larger data set would enable investigation of the differential impact of specific types of public history engagement on participant wellbeing and investigate if different demographics experience different wellbeing impacts after engagement. In addition, while the sample size would have prevented further investigation, participant race/nationality was not collected in this study. In the future, this will be included in optional demographic questions to enable further investigation into the relationship between seeing representations of an individual's heritage/nation's history and the amount of wellbeing impact experienced as a result.

Finally, this research relies primarily on European (National Accounts of Wellbeing Frameworks) and UK (Five Ways to Wellbeing) notions of wellbeing. Although these frameworks and methods have been trialed successfully in other locations, including the USA and India, these findings may not be replicable in a non-European context.

7 Conclusions

This initial research has demonstrated that both in-person and online engagement in public history places can improve an individual's subjective wellbeing and can provide a visitor experience that is interesting, positive, and enjoyable.⁶⁶ It has highlighted that public history places, through their modes of interpretation, presentation, knowledge transference, and communication, can provide people with opportunities for

physical, psychological, and social connections, allow for attachments to occur between people and places that support the construction and recognition of an individual's identity, heritage, and memory, and enable public history places to be powerful tools to improve communities' wellbeing.⁶⁷

This research demonstrates that digital public history provisions should be regarded as critical to visitor engagement, interpretation, and experience. Public historians must develop strategies to support in-person and digital visitor engagement with historic sites. It has indicated the value that digital technology can have within wider wellbeing strategies and that digital provisions and engagement provisions should be regarded as critical to public history places and spaces support of wider societal and community wellbeing. Yet both digital and in-person engagement practices could do more to improve visitors' wellbeing in areas of autonomy, meaning and purpose, and vitality, as well as to support visitors to be active. Improving visitor wellbeing at public history places requires socially-based strategies to provide visitors with in-person and digital social spaces and experiences that emotionally connect them to people and places in both the past and the present and that create belonging and support their own identity.

Public history places should develop digital provisions and embrace digital technologies to provide wider access to history and enable them to be a powerful tool for enhancing wellbeing, including strengthening communities, fostering supportive relationships, and healing trauma.⁶⁸ To support diverse visitors' wellbeing, varied digital and in-person mechanisms for engagement at public history places should be integrated to support individual identities, dignity, autonomy, connections, belonging, and attachments to places and people.⁶⁹

⁶⁷ Geoffrey Cubitt, "History and Memory," (Manchester: Manchester University Press, 2007); Erica Ander et al., "Heritage, Health and Well-being: Assessing the Impact of a Heritage Focused Intervention on Health and Well-being," *International Journal of Heritage Studies* 19, no. 3 (2013). <https://doi.org/10.1080/13527258.2011.651740>; Laura Jane Smith, *Emotional Heritage: Visitor Engagement at Museums and Heritage Sites* (London: Routledge, 2021); Smith et al., "Using Archaeology to Strengthen Indigenous Social, Economic and Economic Wellbeing."

⁶⁸ Ander et al., "Heritage, Health and Well-being," 229–42; Smith et al., "Using Archaeology to Strengthen Indigenous Social, Economic and Economic Wellbeing."

⁶⁹ Mandy Yap and Eunice Yu, "Operationalising the Capability Approach: Developing Culturally Relevant Indicators of Indigenous Wellbeing – An Australian Example," *Oxford Development Studies* 44, no. 3 (2016), 315–31 <https://doi.org/10.1080/13600818.2016.1178223>; Graham Gee et al., "Aboriginal and Torres Strait Islander Social and Emotional Wellbeing" in *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*, eds. Pat Dudgeon, Helen Milroy, and Roz Walker (Canberra: Commonwealth Government of Australia, 2014), 55–8; Smith et al., "Using Archaeology to Strengthen Indigenous Social, Economic and Economic Wellbeing."

⁶⁶ Darvill and Barrass, "Historic Landscapes and Mental Well-being.," David Uzzell, "The Hot Interpretation of War and Conflict," in *Heritage Interpretation Vol. 1: The Natural and Built Environment*, ed. David Uzzell (London: Belhaven Press, 1989), 33–47.

Digital strategies can tackle inequality, support human rights, enable all visitors to feel respect and personally benefit from historic places, and improve visitor wellbeing, especially those who may identify as having a disability.⁷⁰ Digital strategies and provisions at historic places can be part of wider cultural processes that are vital to sustainable communities if they are embedded in wider practice at historic sites and linked to wider wellbeing and government agendas relating to human, social, and economic capital.⁷¹ The use of digital technology and tools within public history requires an institutional framework and positive acceptance of

the value and benefits of technology to visitors, communities, societies, and organizations. Public historians need to be critically aware of these benefits and provide new tools for interactions that are both in-person and digital to support more diverse global audiences. This approach requires inclusive practices grounded in user and community-led practice and an understanding of how to integrate digital provisions into the wider ecosystem of in-person and virtual visitor experiences.⁷²

Supplementary Material: This article contains supplementary material (<https://doi.org/10.1515/iph-2023-2011>).

⁷⁰ Ian Hodder, "Cultural Heritage Rights: From Ownership and Descent to Justice and Well-being," *Anthropological Quarterly* 83, no. 4 (2010), 861–82. <https://doi.org/10.1353/anq.2010.0025>.

⁷¹ Hodder, "Cultural Heritage Rights."; Nussbaum, "Wellbeing, Contracts and Capabilities"; Sen, "Capability and Wellbeing"; Smith et al., "Using Archaeology to Strengthen Indigenous Social, Economic and Economic Wellbeing."

⁷² Noiret, "Digital Public History."; Giannini and Bowen, "Museums and Digital Culture."