



# EMPLOYMENT TRIBUNALS

**Claimant:** Miss D Ryder

**Respondent:** Warmest Welcome Limited

**Heard at:** Leeds                      **On:** 10 January 2017

**Before:** Employment Judge Brain

**Representation: Claimant:** In person

**Respondent:** Mr T Wilkinson, Counsel

## PRELIMINARY HEARING

**Claimant:** In person

**Respondent:** Mr T Wilkinson, Counsel

## RESERVED JUDGMENT

The Judgment of the Employment Tribunal is that the Claimant at the material time was a disabled person within the meaning of the Equality Act 2010 by reason of the mental impairment of anxiety disorder.

## REASONS

1. The Claimant presented her claim form to the Tribunal on 20 July 2016. She complained that she had been constructively unfairly dismissed by the Respondent and that the Respondent had discriminated against her. The complaints of discrimination were related to the protected characteristic of disability. The Claimant complained that the Respondent had failed to comply with the duty to make reasonable adjustments and had discriminated against her by way of harassment related to disability.

2. The Respondent did not accept that the Claimant was a disabled person for the purposes of the 2010 Act. Accordingly, a Preliminary Hearing was listed to decide upon that issue.
3. The case benefited from a Private Preliminary Hearing that came before Employment Judge Lancaster on 14 October 2016. He identified the issues in the case and gave case management directions. The issues as they relate to the preliminary matter before me are set out at paragraph 5 (on pages 2 and 3 of the Preliminary Hearing bundle). I shall not set them out here. Directions upon that preliminary issue were given in the third and fourth Orders made by him (at pages 4 and 5). These directions have been complied with by the parties.
4. At the hearing before me, the Claimant gave evidence by way of the disability impact statement at pages 6 to 18 of the bundle. Mr Wilkinson cross-examined her. The Respondent called no evidence.
5. On the morning of the hearing, Mr Wilkinson presented to the Tribunal and handed to the Claimant his written submissions. The Claimant complained that she had not had prior sight to this document. While the Claimant was factually correct, there is little merit in a complaint from her about this as Mr Wilkinson could simply have given oral submissions anyway (there having been no direction for the filing and service of written submission). To that extent therefore Mr Wilkinson's presentation of written submissions in fact advantaged the Claimant in that she was able to read (albeit at very short notice) what it was the Respondent wished to say by way of submission.
6. Mr Wilkinson also presented to the Tribunal and handed to the Claimant copies of the following authorities:-
  - 7.1. Morgan v Staffordshire University (EAT/0322/00).
  - 7.2. J v DLA Piper UK LLP (UK EAT/0263/09).
  - 7.3. Royal Bank of Scotland v Morris (UK EAT/0436/10).
  - 7.4. Herry v Dudley Metropolitan Council (UK EAT/0100/16).
7. The Claimant complained that she had not had time to consider these authorities. In my judgment, the Claimant's complaint about that has more merit than did her concerns regarding Mr Wilkinson's written submissions. It is not good practice, in my judgment, to hand up to a litigant in person such case reports at very short notice. It was in these circumstances that I made the Order of 10 January 2017.
8. I have carefully considered Mr Wilkinson's supplementary submissions and those presented by the Claimant in accordance with the directions that I made on 10 January 2017. I have concluded that the Claimant has satisfied me that she is a disabled person for the purposes of the 2010 Act. As I reserved my judgment. I shall now give my reasons. I shall start with some factual findings. I shall then go on to consider the relevant law and the conclusions that I have reached in the light of the submissions that I have received and the evidence that I heard.
9. Employment Judge Lancaster succinctly summarised the Claimant's complaints in paragraph 2 of the Case Management Summary (at pages 1 and 2 of the bundle). He said that, "*In essence they arise out of the Claimant's resignation when she was told her request to remove a substantial part of her duties (organising afternoon group activities for the residents)*"

*either by reducing her hours altogether or by replacing with them with a part-time administrative role could not be accommodated*". In the detailed chronology forming the Claimant's grounds of complaint against the Respondent (which document was filed with her ET1) she complained that the activity group sizes for which she was responsible in her capacity as activities co-ordinator at the Westfield House Care Home (owned and operated by the Respondent) were "*just getting larger and larger*". It was her concern about the weight of her work (by reason of the increasing group sizes) that, on the Claimant's case, led to the events in late 2015 and the spring of 2016 which culminated in her resignation (and her claims to the Employment Tribunal which have followed). The conduct alleged to comprise the discriminatory conduct thus spans the period between December 2015 and 15 April 2016.

10. It was no part of my role at the Preliminary Hearing to make findings of fact about the Claimant's allegations concerning the increase in group size. That will be a matter for the Employment Tribunal that determines the case at the final hearing.
11. On 21 December 2015 the Claimant went to see her General Practitioner. The relevant note is at page 19. The Claimant's GP recorded a "few month history of feeling anxious and depressed (*sic*)". The note recorded the Claimant feeling tired and sleeping a lot more than usual. The GP recorded her as saying that she was not sure why she had developed feelings of anxiety and depression. He did mention in the note her work as an activity specialist in an elderly residential home. It appears to make no link at least at this stage between her work on the one hand and her symptoms on the other.
12. In her witness statement, the Claimant says that her GP recommended that she take a blood test. We can see from the relevant notes within the bundle that the blood test was administered. The symptoms of tiredness and low mood were again recorded at a subsequent consultation on 22 December 2015 (page 20) to discuss the test.
13. There was a further consultation on 30 December 2015 (page 21). This referred to "ongoing anxiety" and the Claimant "not sleeping well [for the] last few nights".
14. On 30 December 2015 she was referred to the Harrogate IAPT Service. The letter of referral was at page 37. The Tribunal takes judicial notice that the acronym IAPT stands for 'Improving Access Psychological Therapies'.
15. The Claimant completed a patient health questionnaire and generalised anxiety disorder questionnaire (page 36). This appears to have been completed by the Claimant on 28 December 2015. She scored sufficiently highly to warrant a referral to IAPT. The referral form at page 37 refers to "several months anxiety, depressed mood. Sleeping more, tired. Palpitations with anxiety (*sic*)". It also referred to the Claimant being anxious to go to work but having been off work for the last seven days.
16. There is an incomplete copy of a form MED3 at page 38. The GP certifies the Claimant as unfit for work as at 30 December 2015. However, as the copy is poor I cannot see the period of time covered by the MED3. That the Claimant had been off work for seven days as at 30 December 2015 is corroborated by the grounds of resistance in which the Respondent says that the Claimant was absent from work between 24 December 2015 and 3 February 2016 due to anxiety.

17. On 19 January 2016 a psychological well-being practitioner employed by North Yorkshire IAPT Service wrote to the Claimant's General Practitioner (pages 43 and 44). The Claimant scored highly on the PHQ [*public health questionnaire*] and GAD [*generalised anxiety disorder*] scales. The main problem was identified in this document as "Anxiety. Negative thoughts about her own ability at work and judgment of others, worry, triggered by work, social situations and unknown places (*sic*)". The outcome was that the Claimant was, "referred to stress control course, CBT model and vicious cycle explained".
18. On 18 April 2016 the Claimant's GP received a further letter from North Yorkshire IAPT Service (page 45). This letter was dated 14 April 2016. This is, in fact, one day prior to the Claimant's resignation from her post. Again, she scored highly on the PHQ and GAD questionnaires and scales. This was notwithstanding that she had completed the stress control course that had been recommended in January 2016. She had attended six out of six sessions of the course, had not requested any further follow up or review and was therefore discharged back to her GP's care.
19. According to the Respondent's grounds of resistance, the Claimant met with Julie Fieldman, home manager, on 3 February 2016. She reported that she was well enough to attend work. She then worked on 4 and 5 February 2016. On 6 February 2016 she commenced three weeks' annual leave.
20. This was a pre-booked holiday. The Claimant travelled to China, Thailand and Hong Kong (in respect of which she had received advice about immunisation as documented at pages 39 and 40).
21. The grounds of resistance then plead that the Claimant did not return to work following her vacation. Sick notes confirmed that she continued to suffer from anxiety and was therefore unfit to work.
22. The Claimant accepted, under cross-examination, that there was nothing within the medical notes that made reference to anxiety prior to around October 2015. That reference is the one to which I referred above at paragraph 11 (at page 19 of the bundle). She also accepted that there was nothing within the medical materials produced by her to evidence that she had a condition of anxiety prior to October 2015. There is nothing within the medical records that I have seen to corroborate the Claimant's case that she had anxiety prior to October 2015. Further, the Claimant produced a report from Dr Marfell. He is one of the GPs at the practice with which she is registered. Dr Marfell's report dated 24 November 2016 makes no reference to any history or anxiety prior to October 2015.
23. Following the Claimant having returned from her overseas trip, she saw her GP on 1 March 2016. He noted that she had been anxious for the first week while overseas but then her condition had settled. The main issue upon her return was around work. In particular, she reported to her GP that she had been told that she could not work with smaller groups and that she felt that if she could not do so then she was unlikely to go back. I refer to the relevant entry dated 1 March 2016 on page 23.
24. Page 23 also contains a record of a consultation held on 15 March 2016. This makes reference to ongoing symptoms of anxiety that had been present for the past four months: that is to say, back to the previous December. There was further discussion about work related matters.

25. Anxiety symptoms continued following her resignation. As pointed out by Mr Wilkinson, at page 25 there is an entry dated 29 April 2016 which refers to symptoms of anxiety and “butterflies in stomach”. However, she was able to function and her sleep was unaffected.
26. The Claimant produced for the benefit of the Tribunal a report from an educational psychologist. This is dated 28 November 2012 following an assessment of the Claimant on 6 November 2012. It was prepared for the purposes of supporting the Claimant with her fashion design textiles course at the University of Huddersfield. The summary at the top of page 53 refers to the Claimant having “specific learning difficulties with regards to the visual processing of information. Her relative strengths are in perceptual reasoning and relative weaknesses in verbal comprehension. Della demonstrates word reading difficulties and a slow rate of writing”. Various recommendations were made to support the Claimant. I need not go into these here.
27. In her submissions, the Claimant made reference to the document at page 63. This was a publication issued by the International Dyslexia Association. It makes reference to anxiety and that “individuals with dyslexia may experience marked anxiety in situations in which they feel they will make mistakes, be ridiculed, or made to feel foolish in front of others”.
28. The Claimant’s witness statement describes the impact of her anxiety. I hope that I do not do an injustice to the Claimant when I say that in essence anxiety manifests itself in seeking to avoid normal social interaction, in particular avoiding circumstances in which she feels that she will be on show or the centre of attention. She describes how this affected her during her time at university and in her life outside of work and education. I refer in particular to what she says at pages 11 and 12 of her witness statement. Here she describes eloquently various avoidance techniques. She also makes reference to disturbed sleep and difficulty in concentrating when watching a film or reading a book.
29. By section 6(1) of the 2010 Act a person has a disability if he or she has “a physical or mental impairment” which has a “substantial and long-term adverse effect on [his or her] ability to carry out normal day to day activities”. The burden of proof is upon the Claimant to show that she satisfies this definition. There are supplementary provisions for determining whether a person has a disability. These are at Schedule 1 of the 2010 Act. In particular, the effect of an impairment is long-term if it has lasted for at least 12 months, it is likely to last for at least 12 months or it is likely to last for the rest of the life of the person affected.
30. Guidance has been issued upon matters to be taken into account in determining questions relating to the definition of disability. I shall call this “the guidance” for short. The guidance came into force on 1 May 2011 and is therefore relevant to this case. It is mandatory for the guidance to be taken into account by the Tribunal pursuant to paragraph 12 of Schedule 1 to the 2010 Act.
31. The material time for establishing disability (that is to say, whether there is an impairment which has a substantial adverse effect on normal day to day activities) is the date of the alleged discriminatory acts. I am therefore concerned with whether or not the Claimant was a disabled person from December 2015 up to 15 April 2016 (when she resigned with immediate

effect). This is also the material time when determining whether the impairment has had or was likely to have long-term effect.

32. The definition of disability requires that the adverse effect on a person's ability to carry out normal day to day activities arises from a physical or mental impairment. There is no statutory definition of either a "physical impairment" or a "mental impairment" and nor is there any definition in the guidance.
33. The terms have been held to have their ordinary and natural meaning, it being left to the Tribunal to make a decision in each case on whether the evidence available establishes that the Claimant has a physical or mental impairment with the stated effects. Paragraph A3 of the guidance tends to support this view as it states that in many cases there will be no dispute as to whether a person has an impairment and that any disagreement is more likely to be about whether the effects of the impairment are sufficient to fall within the definition within section 6(1) as supplemented by the provisions in Schedule 1.
34. In DLA Piper (being one of the authorities to which Mr Wilkinson helpfully drew my attention) the Employment Appeal Tribunal referred to the four 'conditions' which a Tribunal is required to consider in determining the issue of disability. This guidance upon the approach to adopt was provided in Goodwin v Patent Office [1999] ICR 302. The four conditions or 'Goodwin questions' (as they are sometimes known as) are helpfully cited at paragraph 31(2) of DLA Piper. These conditions or 'Goodwin questions' are:-
1. *The impairment condition.* Does the complainant have an impairment which is either mental or physical?
  2. *The adverse effect condition.* Does the impairment affect the Claimant's ability to carry out normal day to day activities in one of the respects set out in paragraph 4(1) of schedule 1 to the Act, and does it have an adverse effect.
  3. *The substantial condition.* Is the adverse effect (upon the complainant's ability) substantial?
  4. *The long-term condition.* Is the adverse effect (upon the complainant's ability) long-term?
35. I interpose here to say that Goodwin was decided under the Disability Discrimination Act 1995 ('DDA'). Thus, the reference in Goodwin to the normal day to day activities set out in paragraph 4(1) of the schedule is a reference to the DDA. Paragraph 4(1) of schedule 1 to the DDA referred to a number of different 'capacities' which needed to be affected to constitute adverse impact. This no longer features in paragraph 4 of schedule 1 to the 2010 Act.
36. The four Goodwin questions should be posed sequentially and not together. However, as we can see from paragraph 38 of DLA Piper, the EAT endorsed the view that there may be cases where identifying the nature of the impairment from which a complainant may be suffering involves difficult medical questions and thus it is easier and entirely legitimate for the Tribunal to park that issue and to ask first whether the Claimant's ability to carry out normal day to day activities has been adversely affected on a long-term basis. If the Tribunal finds that it has been, it will in many or most cases follow as a matter of common sense inference that the complainant is suffering from a

condition which has produced that adverse effect: in other words such will constitute, “an impairment”.

37. Paragraph A8 of the guidance provides that it is not necessary to consider how an impairment is caused. What is important to consider is the effect of an impairment (provided that it is not an excluded condition, which issue does not arise in this case).
38. I shall therefore now consider the second and third Goodwin question or condition: that is to say, the adverse effect condition and the issue of substantiality. To amount to a disability, the impairment must have a “substantial adverse effect” on the person’s ability to carry out “normal day to day activities”. “Substantial” is defined in section 212(1) of the 2010 Act as meaning “more than minor or trivial”. This reflects the general understanding of disability as a limitation going beyond the normal differences in ability which might exist among people. By reference to Appendix 1 to the Employment Code issued by the Employment and Human Rights Commission, “account should also be taken of where a person avoids doing things which, for example, cause pain, fatigue or substantial social embarrassment; because of a loss of energy and motivation”. The guidance emphasises that it is important to focus on what an individual cannot do or can only do with difficulty rather than on the things that he or she can do (paragraph B9) (emphasis added).
39. Appendix 1 to the EHRC Employment Code states that “normal day to day activities” are activities that are carried out by most men or women on a fairly regular and frequent basis and gives examples such as walking, driving, typing and forming social relationships”. The expression “normal” should be given its ordinary every day meaning (in accordance with paragraph D4 of the guidance). Thus, the expression “normal day to day activities” is not intended to include activities which are normal only for a particular person, or a small group of people. Illustrative examples of factors which it would be reasonable to regard as having a substantial adverse effect on normal day to day activities are set out in the appendix. The list includes “persistently wanting to avoid people or significant difficulty taking part in normal social interaction of forming social relationships, for example because of a mental health condition or disorder” (emphasis added).
40. As I have said, the primary thrust of the Claimant’s case is that her anxiety has affected her ability to carry out normal day to day activities (in terms of normal social interaction) and that that is more than minor or trivial.
41. Mr Wilkinson makes submissions against that proposition in particular at paragraph 13 of the written submissions that he handed to the Tribunal and to the Claimant on the morning of 10 January 2017. He says:-
1. No medical practitioners have been consulted.
  2. The Claimant’s role in the Respondent was itself a social role interacting with and organising events for residents. Whilst the Claimant relies on the fact that she got to know them, this cannot have been the case at the outset.
  3. The Claimant’s employment history shows a propensity to engage in “front of house roles”. He cites the fact that she worked as a customer assistant in B&Q and a sales assistant at Debenhams (page 68).

4. In her employment screening questionnaire she said that she was in good health and did not consider herself to have a disability (page 68).
  5. That she travelled around Asia for several weeks in February 2016.
  6. That she wishes to pursue career choices that belie the condition alleged by following an art therapy course and obtaining a job as an arts co-ordinator (page 25).
42. The Claimant has replied to each of these points in her written submissions and in her witness statement. In relation to each she says:-
1. That she did suffer anxiety prior to December 2015, had developed coping mechanisms and did not seek medical help until that time.
  2. That she was comfortable working in small groups and while the make up of those groups would change, this was something with which she could cope as there would only be intermittent change every now and again.
  3. That the jobs referred to in her employment history at page 68 were short lived, but she took them out of economic necessity as job opportunities in the Harrogate area are scarce. She said that she could not wait to leave those posts which she described (in evidence before me) as “horrible” and difficult to cope with.
  4. That no guidance was given in the employment screening questionnaire as to the definition of disability which she interpreted as a serious disability such as being blind or confined to a wheelchair.
  5. That she had obtained support for the art therapy course as a disabled person to enable her to cope.
  6. That she was travelled around Asia with a friend who is fluent in local languages which made the experience much easier.
43. I shall deal with the first of these issues when I come to consider the issue of long-term effect. In my judgment, the Claimant has, in respect of the other factors, answered satisfactorily the points raised on behalf of the Respondent. In respect of each:-
1. The point of the Claimant’s case is that the increased size of the groups was causing her anxiety. On her case, it was the increase of those group sizes that led directly to her seeking medical attention. She was therefore able to cope with the social interaction entailed in working with small groups. Of course, these are work related activities but, in this case, the forming of social relationships is the performance of an every day task in a workplace setting pursuant to the guidance and the EHRC Code. The Claimant experienced significant difficulty taking part in normal social interaction or forming social relationships when confronted with larger groups than that which she had been used to.
  2. The Claimant’s employment history corroborates her case that the ‘front of house roles’ were indeed short lived as she says. I therefore accept her account that she found the experience to be uncomfortable which is corroborative of her case that she wished to avoid people, wished to avoid putting herself at the centre of



attention and formed difficulty taking part in normal social interaction or forming social relationships.

3. I agree with the Claimant that the answers given in the employment screening form at page 68 are not inconsistent with her case. Firstly, the form is out of date as it makes reference to the Disability Discrimination Acts of 1995 and 2005. Secondly, it gives no assistance to the Claimant as to the legal definition of disability under either of those Acts much less the 2010 Act (to which no reference is made at all and which was current at the date of the Claimant's application for the role). The Claimant cannot reasonably be expected to have detailed legal knowledge of the definition of disability and can be forgiven for having interpreted it in its every day sense.
  4. I accept that the Claimant's travels around Asia were considerably helped by the fact that her companion knew the area very well and was fluent in local languages. There is no evidence that the Claimant went on long haul vacations on her own or other in those very favourable circumstances.
  5. The Claimant's attendance upon the art therapy course being supported is corroborative of her case. The support is expressly given for her anxiety state.
44. In all the circumstances, therefore, and reverting to the Goodwin questions, I am satisfied that the Claimant has demonstrated a mental impairment which has a substantial adverse effect upon normal day to day activities, in particular the forming of social relationships and with normal social interaction. On any view, these impairments are more than minor or trivial and they impact substantially upon the Claimant's life.
45. The next question is that of whether this is a long-term condition: is the adverse effect upon her long-term (within the definition that I cited above).
46. Upon this issue, I agree with the Respondent that the anxiety condition has not lasted longer than 12 months and had not lasted for that period as at the time of the alleged discriminatory acts. The medical records contain no reference to anxiety prior to October 2015. The dyslexia report produced by the Claimant makes no reference to the Claimant's condition of anxiety. The document at page 63 is a general publication not tailored to the Claimant. The catalyst that led to her seeking medical assistance was work related anxiety. That said, I accept that when she did seek medical assistance she did raise issues of generalised social anxiety (in particular as recorded at page 43).
47. The essential question therefore is whether the impairment was likely to last for at least 12 months as at the date of the alleged discriminatory conduct. "Likely" in this context should be interpreted as meaning that "it could well happen".
48. Upon this issue I attach significance to the letter of 14 April 2016 to which I refer at paragraph 18 above (and which is in the bundle at page 45). As at 14 April 2016 (and during the currency of her employment with the Respondent), the Claimant presented with high PHQ and GAD scores. Those high scores were notwithstanding that she had attended six out of six sessions of the stress control psycho-education course. She was presenting with high scores notwithstanding that treatment. The scores were on a par with those

recorded on 28 December 2015. In those circumstances, given that there was no improvement in her scores notwithstanding the attendance upon a recommended course, this question gives of only one answer: that when looking at matters over the relevant period it was likely that the Claimant would suffer the mental impairment for at least 12 months (in the sense that it can be said that that could well happen).

49. This therefore now leaves only the first Goodwin condition or question. I remind myself of the provisions of the guidance. In particular, the term 'mental impairment' should be given its ordinary meaning. It is not necessary for the cause of the impairment to be established. Whether there is an impairment is to be determined by reference to the effect that the impairment has on a person's ability to carry out normal day to day activities and that it is not always possible nor is it necessary to categorise a condition as either a physical or mental impairment.
50. Mr Wilkinson places reliance upon the passage at paragraph 20 of Morgan. This says that, "*whilst the words 'anxiety', 'stress' and 'depression' could be dug at intervals out of the copies of the medical notes put before the Tribunal, it is not the case that their occasional use, even by medical men, will and without further explanation amount to proof of a mental impairment within the Act, still less as its proof as at some particular time. Even GPs, we suspect, sometimes use such terms without having a technical meaning in mind and none of the notes, without further explanation, can be read as intending to indicate the presence of a classified or classifiable mental illness, for either after exacerbating events of the assault proceedings were over or at all.*"
51. I note that Morgan was a case decided under the 1995 Act. This provided that a mental illness would only amount to a mental impairment if it was a "*clinically well recognised illness*". That requirement was removed by section 18 of the Disability Discrimination Act 2005. The effect of this was to put mental illness on a par with physical impairments and other mental impairments, a parity now reflected in the 2010 Act. It means, in practical terms, that the focus of the Tribunal's enquiry is upon the effect the mental impairment has on the employee's day to day activities.
52. I am therefore satisfied that the Claimant has made out her case that she has a mental impairment of anxiety and that that has a substantial and adverse long term effect upon her normal day to day activities. I do not accept Mr Wilkinson's submission that she is simply suffering a reaction to life events. He referred me to paragraph 56 of Herry. In this passage, the EAT said that, "*Although reactions to adverse circumstances are indeed not normally long-lived, experience shows that there is a class of case where a reaction to circumstances perceived as adverse can become entrenched; where the person concerned will not give way or compromise over an issue at work, and refuses to return to work, yet in other respects suffers no or little apparent adverse effect on normal day- to-day activities. A doctor may be more likely to refer to the presentation of such an entrenched position as stress than as anxiety or depression. An Employment Tribunal is not bound to find that there is a mental impairment in such a case. Unhappiness with a decision or a colleague, a tendency to nurse grievances, or a refusal to compromise (if these or similar findings are made by an Employment Tribunal) are not of themselves mental impairments: they may simply reflect a person's character or personality*".

53. I do not accept that the Claimant falls within this class or category of complainant. She has been diagnosed by her GP and a psychological well-being practitioner as suffering from anxiety. That diagnosis was made by a reference to workplace matters but also more generally following analysis by reference to clinically recognised criteria contained in the PHQ and GAD questionnaires. She has demonstrated to my satisfaction that there is an adverse effect of that anxiety upon normal day to day activities outside the workplace. It is significant, in my judgment, that her GP and the psychological well-being practitioner diagnosed anxiety as opposed to stress (a factor which points away from there being no impairment for the purposes of the 2010 Act in accordance with the passage from Herry to which I have just referred).
54. I therefore determine that the Claimant has succeeded in establishing that she is a disabled person for the purposes of the 2010 Act. I direct that there shall be a further private Preliminary Hearing in order for the Tribunal to give directions for a future good case management.

Employment Judge Brain

Date: 15 March 2017

Sent on: 15 March 2017