Australian Government
Department of Employment and Workplace Relations

Targeted Compliance Framework Integrity Assurance Program:

TCF PROGRAM OF WORK

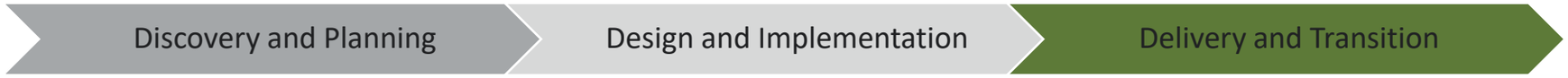
- **Program and Project Proposal and Approach**

V1.0 – 07 APRIL 2026 (Updated with ombudsman 2 recs, removal of steerco, updated Project Summaries where relevant)

Authorising Environment & Governance Structure

The Targeted Compliance Framework (TCF) Integrity Assurance Program operates within a clearly defined authorising environment, supported by senior executive endorsement and cross-agency collaboration. The Program is authorised and governed through a robust framework that ensures accountability, transparency, and strategic alignment. This environment ensures that the program is empowered to drive change, align with legislative and policy obligations, and deliver measurable improvements in the TCF.

The Program of Work is transitioning from discovery and planning to design and implementation. Insights from stakeholder engagement and workshops have shaped a roadmap with clear projects, ownership, and delivery pathways. Projects will now turn the roadmap into action—implementing planned initiatives and delivering solutions.

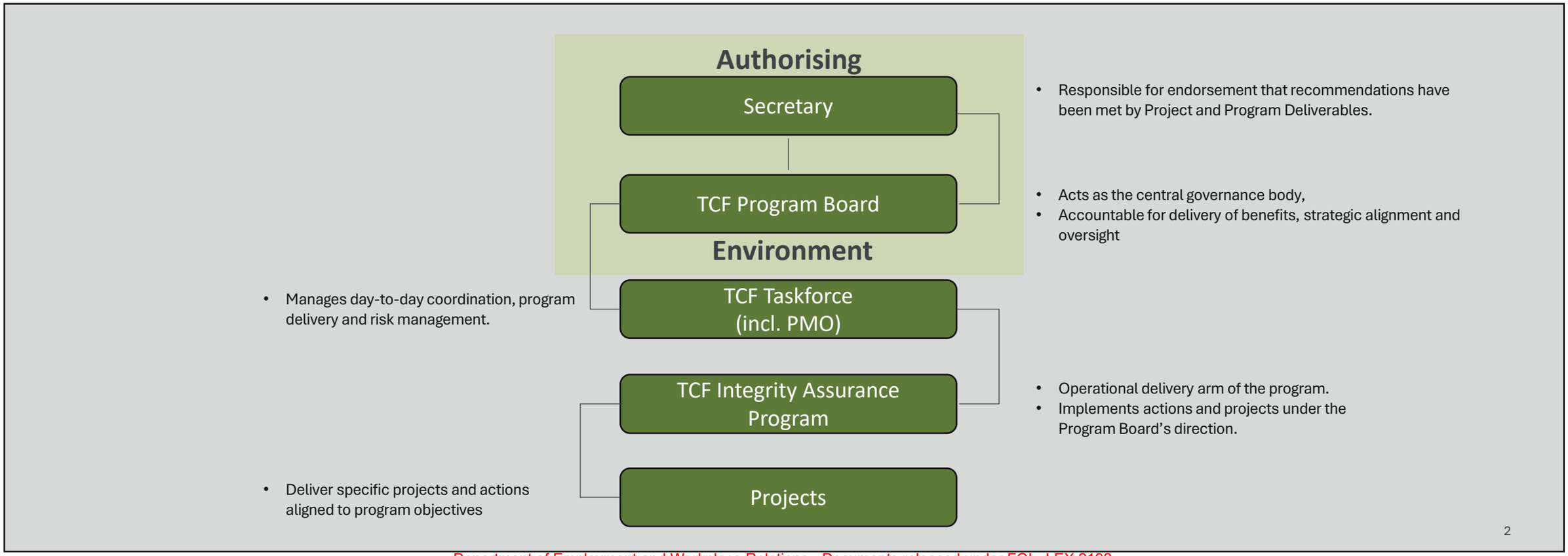


To support this transition, the governance structure will mature to enable the delivery of the program and projects. FASCo is now enacted as the TCF Program Board continuing to serve as the primary governance and authorising body, providing oversight, strategic direction, and assurance. It comprises senior leaders who are responsible for:

- Endorsing program priorities and deliverables
- Monitoring progress against milestones
- Managing risks and dependencies
- Ensuring alignment with broader departmental and government objectives

The Board's role is pivotal in maintaining momentum, resolving escalated issues, and championing the program's objectives across the organisation. Together, the authorising environment and the TCF Program Board (formerly FASCo) form the backbone of the TCF Integrity Assurance Program, enabling it to deliver on its commitment to uphold public trust and improve compliance outcomes.

Note: On the 31st March the Deputy Secretary, Employment and Workforce Group agreed to formally close the TCF Assurance Steering Committee (SteerCo), allowing the Board to serve as the primary governance and authorising body, providing oversight, strategic direction, and assurance of the TCF Integrity Assurance Program and related TCF Program of Work. Reference to SteerCo has been updated as a result throughout this document.



How the Program and Projects Deliver TCF Integrity:

The proposed governance structure for the program is designed to provide assurance over the TCF program through **multiple layers of oversight, accountability, and structured reporting**, aligned with best-practice assurance principles:

- **Project and Operational Level:** Project Teams and Operational Delivery Partners execute activities and provide regular status updates.
- **Program Oversight:** The TCF Taskforce and Program Management Office monitor delivery, manage risks, validate compliance, and escalate issues as required.
- **Governance and Escalation:** The TCF Program Board exercises oversight, endorses key decisions, and serves as the ultimate escalation point for critical risks and program matters

- **Program-Level Reporting**: The TCF Taskforce provides regular updates to the Program Board on program-wide risks, dependencies, and progress, which are informed by the Project-level reporting.
- **Project-Level Reporting**: Project Senior Responsible Officers (SROs) and Project Managers report status and progress outcomes to the Program SRO and Taskforce.

- **Clear accountability** at each level ensures strong governance and provides assurance that the program will deliver as planned.
- **Assurance checklists** built into project stages to provide assurance of deliverables.

To ensure a logical and progressive restoration of integrity, the program is structured into **three interdependent concurrent phases**, each designed to address specific risks and embed sustainable improvements. The 13 Projects identified have subsequently been aligned into these 3 phases:

Phase 1: Foundational: Rectify and Compensate - This phase focuses on correcting errors and restoring lawful decision-making while compensating affected participants and addressing compliance issues.

s 22(1)

Why this approach matters: This sequencing ensures urgent issues are resolved first, while progressively strengthening and sustaining lawful administration. By implementing and embedding the outcomes of each phase, the program builds a robust and enduring capability to assure the integrity of the TCF. In this approach critical elements of projects in
s 22(1) may commence and progress in parallel, ensuring timely delivery while maintaining strategic sequencing.

Phase 1: Rectify and Compensate

s 22(1)

Resuming suspensions under s42AG

Resuming cancellations under s42AM

Enhanced human decision-making under the Targeted Compliance Framework

s 22(1)

Program of Work Anticipated Timeframes – (estimated)

Target: Readiness to return the TCF to lawful administration

Rectify and Compensate

s 22(1)

Resuming cancellations under s42AM

Resuming suspensions under s42AG

Enhanced human decision-making under the Targeted Compliance Framework

s 22(1)

Target: Ongoing assurance that the TCF is being lawfully administered

Q3 25 | Q4 25 | Q1 26 | Q2 26 | Q3 26 | Q4 26 | Q1 27 | Q2 27 | Q3 27 | Q4 27

Gradient = work in progress

= Commence as Priority

= Commence in the Medium term

= Completion timeframe committed to Ombudsman

Mapping Recommendations to Project Streams

The Project Streams provide strategic alignment with the recommendations to deliver the expected outcomes of the TCF Integrity Assurance program. This is evidenced as each project stream directly maps to specific recommendations from the Commonwealth Ombudsman Reports 1 and 2, Deloitte Assurance Review, and Independent Review. This ensures that the program is not just delivering outputs but is resolving the root causes of identified issues and defects while future proofing the TCF. The table below illustrates the alignment between projects and the recommendations they address, either partially or fully. Actions required to implement these recommendations have been identified accordingly. As individual actions within a recommendation may relate to multiple projects or areas of work, some recommendations appear under more than one project. Defining this work establishes the scope of each project and ensures delivery against agreed project outcomes and success criteria.

Phase	Project	Recommendations to be addressed	
		Ombudsman Report 1 and Deloitte Reviews Recs	Ombudsman Report 2 Recs
Rectify and compensate	PN-198: Enhanced human decision-making under the Targeted Compliance Framework	CO.1	
	PN-200: Resuming cancellations under s42AM	CO.1, UI.1	
	PN-201: Resuming suspensions under s42AG	CO.1	

s 22(1)

s 22(1)

For noting, it is acknowledged that the initial activities and actions outlined in each Project Summary will in most cases require refining when allocated to business and IT teams as part of the detailed project planning phase. Once project planning is endorsed, ensuring project purpose and deliverables remain consistent with achieving outcomes of the TCF Integrity Assurance Program, any changes to milestones and deliverables will be subject to program and project change management process and required endorsement via the SRO.

Key Summary of TCF Project Streams

RECTIFY AND REMEDIATE

Project	SRO	Priority	Purpose / Outcome	Cross-cutting Dependencies	Contributes to Recs
PN-198: Enhanced human decision-making under the Targeted Compliance Framework	s 22(1)	Urgent and Unavoidable	This proposal will return the TCF back to lawful administration by embedding human decision-makers at critical points to ensure discretion is appropriately applied in compliance decisions where a person has not met their mutual obligation requirements.	s 22(1)	• CO.1
PN-200: Resuming Cancellations under s42AM	s 22(1)	Urgent and Unavoidable	This project aims to complete required work necessary to resume cancellations under s42AM. It will validate existing work and planning and undertake key activities to resolve IT defects and enhancements, update participant communications and confirm legislative compliance.	s 22(1)	• CO.1 • Urgent Intervention 1
PN-201: Resuming suspensions under s42AG	s 22(1)	Urgent and Unavoidable	This project will complete the work required to enable payment suspensions to be resumed for work refusal failures under s42AG, ensuring alignment with legal advice and operational readiness. It complements broader reforms under the Targeted Compliance Framework (TCF) and is focused on process validation, stakeholder communication, and system enablement.		• CO.1

s 22(1)

Page 8 -9 deleted under section 22(1) of the FOI Act.

To ensure the successful delivery and lawful operation of the Targeted Compliance Framework (TCF), a robust governance and assurance model has been established. This model enables continuous oversight, accountability, and transparency across all phases of the program. The following components work together to monitor, assure, and acquit the program:

1. Governance Structures and Authorising Environment

- Governance structures and authorising environment that has been established for the Program provides strategic oversight, decision-making authority, and escalation pathways.
- Ensures alignment with departmental priorities and legal obligations.
- SROs and Project Managers/Owners are accountable for delivery, risk management, and compliance within their respective project, providing formal endorsement of project scopes, milestones, and deliverables, ensuring that all actions are legally and operationally sanctioned.

2. Monitoring and Reporting Mechanisms

- Regular reporting cycles (e.g. monthly project and program updates and dashboards) track progress against schedule, risks, dependencies, and benefits.
- Risk registers and issue logs are maintained and reviewed to ensure timely mitigation and escalation.

3. Assurance Tools and Processes

- The Project Preparedness Checklist ensures each project is scoped, resourced, and aligned with legal and policy requirements before commencement.
- The Project Completion Checklist confirms that all actions have been delivered, documented, and independently verified, with residual risks addressed.
- An Implementation Assurance Checklist is currently being developed upon request of the Program Board to provide assurance over reinstatement processes and may replace the Project Preparedness and Project Completion Checklists.
- Independent assurance reviews may be commissioned to validate outcomes and provide confidence to external stakeholders.

4. Program-Level Acquittal

- Upon completion of all projects, a Program Acquittal Report will be prepared, consolidating evidence of delivery and assurance.
- The Program Acquittal Report will be supported by the Project Completion Reports and provide a comprehensive summary and evidence that the program has been delivered as intended.
- This report will be endorsed by the Program Board and submitted to relevant oversight bodies.
- The acquittal process will demonstrate that the department has taken reasonable and systematic steps to restore the lawfulness and integrity of the TCF.

This integrated approach ensures that the TCF Integrity Assurance Program is not only delivered effectively but also stands up to scrutiny, demonstrating that the department has fulfilled its obligations and restored lawful compliance.

Operationalising the TCF

Project Preparedness Checklist	Project Completion Checklist	Pre-reinstatement of Paused Provisions Assurance Checklist	Program Acquittal Report
The Project Preparedness Checklist is used at the initiation phase of each project to confirm that all foundational elements are in place. This includes: 1. Clear articulation of project objectives aligned with TCF legal obligations. 2. Identification of risks, dependencies, and mitigation strategies. 3. Confirmation of stakeholder engagement and ownership. 4. Assurance that actions derived from reviews (e.g., Commonwealth Ombudsman, Deloitte) are appropriately scoped and resourced.	The Project Completed Checklist is applied at the conclusion of each project to verify: 1. That all planned actions have been executed and documented. 2. That outcomes meet the intended compliance and integrity standards. 3. That legal and procedural requirements under the TCF have been satisfied. 4. That any residual risks or gaps have been addressed or escalated.	This checklist records assurance that the required activities and/or processes have been completed and authorised by relevant delegates, prior to seeking endorsement of the Secretary to resume and aims to: • Confirm readiness to resume a paused provision through documented pre- and post-reinstatement assurance. • Evidence that key governance, legal, IT, operational and communications activities are completed or appropriately justified. • Provide clear accountability and authorisation prior to Secretary endorsement. • Support consistent, transparent delivery and closure of resumption projects without duplicating existing artefacts	The Program Acquittal report is a formal document that serves as the final assurance product that: 1. Provides a comprehensive summary and evidence that a program has delivered as intended. 2. Objectives have been met 3. Governance and Legal requirements have been complied with

2. Program Reporting Dashboard

Reporting Framework for the TCF Integrity Assurance Program:
- Reporting for the TCF Integrity Assurance Program will be conducted routinely by the Taskforce
- Senior governance bodies receive timely updates on program-wide risks, dependencies, and progress, enable information decision-making.

Responsibilities:
- Project-Level Reporting: Project SROs, Project Managers / Project Leads are accountable for providing regular project status updates to the Taskforce.
- Program-Level Reporting: The Taskforce will consolidate project-level information to produce program-wide reports for governance bodies.

Reporting Format:
- Reports will be presented to the TCF Program Board via an Executive Reporting Dashboard.
- The dashboard will provide a high-level view of program health, enabling senior leadership to quickly assess progress, risks, and dependencies.
- The dashboard will be developed and populated using Power BI.

Note:
An example of anticipated Program dashboard content is outlined on following slide. This will change based on Board and SRO feedback. The reporting framework has been endorsed by the Board, with the TCF Project Management and Reporting Tool (TCF-PMRT) progressively being rolled out to teams however still under development and subject to refinement.

s 22(1)

1. **Program Endorsement – Completed with Feedback**
   - Obtain formal endorsement from Program Board (formerly FASCO) on:
     - Overall program objectives – Endorsed 19 January 2026
     - Individual projects – noting deliverables will be confirmed as part of project planning – Endorsed 19 January 2026

2. **Project Ownership – Completed with Feedback**
   - Secure agreement on designated Senior Responsible Owners (SROs) for each project stream.

3. **Risk Management Approach – In Progress**
   - In interest of time and noting other priorities, desk-based Program Risk Management Plan will be draft by Taskforce in consultation with stakeholders, project teams and the Departmental Risk team.
   - Draft plan will be distributed for feedback and comment with teams and stakeholders before seeking Endorsement by the TCF Program SRO, and TCF Program Board.

4. **Project Leadership - Completed**
   - SROs to identify and formally appoint project managers or leads for each project.
   - Taskforce Operational Delivery Partners (ODPs) to collaborate closely with appointed project managers / leads.

5. **Collaboration and Communication - Ongoing**
   - Establish clear communication channels and collaboration frameworks between the taskforce and project teams.

6. **Project Planning and Artefacts – In Progress**
   - Project Registrations to be completed and lodged with PPO.
   - Project teams to conduct planning sessions and develop required project artefacts.
   - Project artefacts to be endorsed by SROs, ensuring alignment with program scope and objectives.

7. **Change Management**
   - Implement a formal change management process for any changes to scope, timelines, or deliverables.
   - Ensure all changes are documented, assessed for impact, and approved through governance channels.

8. **Reporting Framework and Tool – In Progress**
   - Establish regular reporting mechanisms for individual projects and the overall program.
   - Define reporting frequency, format, and key metrics to track progress, risks, and dependencies.

Project Summaries

PN-198: Enhanced human decision-making under the Targeted Compliance Framework

Category	Description		
Project Title	Enhanced human decision-making under the Targeted Compliance Framework	**Priority -** High	**Project Tier -** 1
Purpose	This proposal will return the TCF back to lawful administration by embedding human decision-makers at critical points to ensure discretion is appropriately applied in compliance decisions where a person has not met their mutual obligation requirements.		
Description	This project is authorised through the 2025–26 MYEFO process and will be delivered in alignment with the TCF Governance and Assurance Operating Framework. It will leverage the TCF Traceability Matrix for system mapping and ensure all supporting systems, processes, and communications are updated to enable the HDM function.		
Alignment with Recs	CO.1		

Key Activities	s 47C(1)
	• Ensure that the implementation of the HDM utilises the artefacts developed through the TCF Governance and Assurance Operating Framework
	  ○ Comprehensive system mapping, utilising the TCF Traceability Matrix, to be undertaken
	  ○ DEWR and Services Australia IT systems updated to support implementation of the HDM
	  ○ Update data sharing arrangements to ensure availability of relevant participant information is available
	• Develop suite of communications to participants, including development and review of formal notifications, and update of relevant Participant facing information.
	• Update relevant provisions of the Social Security Guide, if required.
	• Update relevant delegations and authorisations, as required, to give effect to the introduction of the HDM
	• Develop operational guidance, principles and training to support Services Australia HDMs - to ensure consistent application of the legal and policy frameworks, providing procedural fairness to participants, and providing decision-makers with the opportunity to rationalise their decisions. (CO.1B)
	• Develop robust assurance controls to ensure fair, transparent, and lawful outcomes. This will include through data and complaints monitoring to ensure consistent and equitable outcomes. (CO.1B)
	• Utilise early findings from the s42AF(2)(d) remediation process to inform training and assurance uplifts, as part of the introduction of HDM. (CO.1B)
	• Update Provider (and DSCC) Guidelines and training to reflect the inclusion of the HDM (CO.1B)
	• Update KBAs and associated materials for the National Customer Service Line
	• Develop Communications Plan in relation to stakeholder management and engagement, including website updates
	• Assurance framework to be applied prior to implementation to provide assurance the TCF Is operating as intended and lawfully. (CO.1C)		

Key Deliverables	• Implementation of the HDM into the decision-making process • DEWR and Services Australia IT systems updated to support the introduction of the HDM • Operational guidance and training developed and rolled-out for HDMs • Associated documentation and training refreshed for Providers (DSCC) to reflect introduction of HDM • Content update and uplift of participant facing information about the HDM, and any associated complaints or appeals processes • Monitoring and assurance processes developed to ensure consistency and equity in application of HDM decisions – feedback loops to address with HDMs as appropriate	**Success Criteria** • HDM's are operational and embedded within Services Australia decision-making processes. • Compliance decisions that require discretion are being made by a human decision-maker, with sufficient regards to the individual's circumstances. • Participants, providers and staff are informed and supported through updated communications and guidance. • Currently paused provisions (s42AF(2), s42AG, s42AH) are reactivated • the employment services system will operate as intended, underpinned by an effective, fair, and transparent compliance framework to encourage participants to engage in their mutual obligation requirements	
Responsible Lead / SRO	s 22(1) - Customer Experience and Engagement Division; s 22(1) Services Australia		
Key Stakeholder Inputs	Employment Strategy and Policy, Workforce Australia for Individuals Division, Workforce Australia Provider Support, Evidence and Assurance Division, Services Australia, Legal Assurance Division, Digital Services Division		
Cross-cutting Dependencies	s 22(1)	**Engagement with SA**	Essential **-** Engagement is essential for projects impacting shared systems, data, or TCF processes.
Estimated Start Date	01/01/2026	**Estimated Completion Date**	30 June 2027

s 22(1)

PN-200: Resuming cancellations under s42AM

Category	Description		
Project Title	Resuming cancellations under s42AM	**Priority -** High	**Project Tier -** 1
Purpose	This project aims to complete all required work necessary to resume cancellations under s42AM. It will bring together a multi-disciplinary team with subject matter experts to validate existing work and planning and undertake key activities to resolve IT defects and enhancements, update participant communications and confirm legislative compliance.		
Description	This project supports the recommencement of participant cancellations under s42AM, following a series of reviews and assurance activities. It is structured into three key phases—**Plan and Pilot**, **Develop**, and **Deploy**—to ensure a legally compliant, operationally sound, and stakeholder-informed approach.		
Alignment with Recs	CO.1, Urgent Intervention 1		
Key Activities	**Plan – Completed, however revalidation required to ensure relevance given timeframes.** • Develop a communications plan • Update IT notification text • Map dependencies on Services Australia • Cost and scope IT changes including fixing relevant system defects • Develop a delivery schedule • ***DSD to scope and cost enhancement work required to address the mismatch between DEWR and SA IT systems on notification of reconnection and payment suspension requirements.*** **Develop – Commence after revalidation of previous tranche** • Develop IT changes, website, training material and public communications material • ***DSD to resolve the nine defects required that must be addressed to restore 42AM to lawful administration.*** • ***Pending scoping as outlined above DSD to develop and implement required updates to address the mismatch between DEWR and SA IT systems on notification of reconnection and payment suspension requirements.*** • Interact with Services Australia for content and testing • Undertake a Legal review of proposed solution to confirm compliance with the law prior to implementation • Seek secretary approval to resume cancellations **Deploy – Commence after completion of previous tranche** • Deploy website changes, training and operational material • Deploy communications to participants advising of recommencement of cancellations • Deploy external communications including media talking points and engagement with peaks • Test and Deploy IT changes required, including removal of manual workarounds • Brief the Minister on changes		
Key Deliverables	• A validated plan and schedule for resolving IT defects and resuming cancellations under s42AM. • Legal reviews, updated IT systems, communications, training materials, and stakeholder briefings. • Deployment of system fixes, removal of manual workarounds, and public communications.	**Success Criteria** • Identified TCF-related issues are fully assessed and resolved in collaboration with Services Australia before resuming payment cancellations. • Legal, operational, and IT changes are implemented in a way that ensures compliance, transparency, and minimal disruption to participants. • Stakeholders (including the Minister and Secretary) are informed, and approvals are secured before any system changes go live	
Responsible Lead / SRO	s 22(1) - Customer Experience and Engagement Division		
Key Stakeholder Inputs	Employment Strategy and Policy, Access and Participation (Compliance), Legal and Assurance Division, Data and Reporting, Strategic Program Office, Evidence and Assurance Division, Services Australia, Digital Solutions Division		
Cross-cutting Dependencies	s 22(1)	**Engagement with SA**	Essential - Engagement is essential for projects impacting shared systems, data, or TCF processes.
Estimated Start Date	Commenced	**Estimated completion date**	Q3 - 2026

PN-201: Resuming suspensions under s42AG

Category	Description		
Project Title	Resuming suspensions under s42AG	**Priority** - High	**Project Tier -** 1
Purpose	This project will complete the work required to enable payment suspensions to be resumed for work refusal failures under s42AG.		
Description	This project supports the resumption of participant suspensions under section 42AG of the Social Security (Administration) Act, ensuring alignment with legal advice and operational readiness. It complements broader reforms under the Targeted Compliance Framework (TCF) and is focused on process validation, stakeholder communication, and system enablement.		
Alignment with Recs	CO.1		
Key Activities	**<u>Subject to confirmation through s42AG sprint group</u>** • Plan and validate process changes to support legal advice around resuming suspensions under s42AG • Develop communications for providers/participants - linking to broader TCF communications plan • Updating system maps to accommodate the updated suspension process under s42AG • Update relevant guidelines and provider operational documentation to communicate process changes • Scope and deliver required IT changes to enable updated process, including comprehensive IT testing for upstream/downstream impacts • Legal review of updated process flow against advice received from AGS • Feed updated process into consideration for implementation of Human Decision Maker to restore cancellations under s42AG		
Key Deliverables	• An updated process for suspensions under s42AG that is legislatively compliant • IT changes implemented that enable to updated suspension process (and decouple cancellations?)	**Success Criteria** • Processes are updated so suspension decisions under s42AG are made validly under the legislation • IT changes are validated and delivered to support the operation of the updated processes	
Responsible Lead / SRO	s 22(1) Customer Experience and Engagement Division		
Key Stakeholder Inputs	Access and Participation (Compliance), Employment Strategy and Policy, Legal and Assurance, Digital Solutions Division, Services Australia, Data and Reporting, Deeds and Guidelines		
Cross-cutting Dependencies	s 22(1)	**Engagement with SA**	Essential **-** Engagement is essential for projects impacting shared systems, data, or TCF processes.
Estimated Start Date	23/10/2025	**Estimated Completion Date**	End of 2025 – pending confirmation

Page 19-32 deleted under section 22(1) of the FOI Act.

Ombudsman Report 1 and Deloitte Reviews: Recommendations Index

Source	Finding	Recommendation
Ombudsman own motion investigation report 1 – Automation in the Targeted Compliance Framework	**Finding 1: Cancelling income support was not lawful**	CO.1 – The Secretary of DEWR not resume cancellations under s 42AF(2) of the SSA Act until satisfied that the identified errors have been rectified and that policies, processes and systems are in place that will ensure cancellations comply with the law.
	Finding 2: The DEWR Secretary has not implemented the Digital Protections Framework	CO.2 – The DEWR Secretary comply with s 159A of the Social Security Legislation Amendment (Streamlined Participation Requirements and Other Measures) Act 2022 and determine a Digital Protections Framework.
	Finding 3: Insufficient consideration and consultation during the legislative drafting process	CO.3 – DEWR and Services Australia develop a placemat on roles in legislation development that is provided to all staff at the start of a legislative drafting process. The placemat should include who is responsible for ensuring and consulting on relevant automated systems' compliance with administrative law principles.
		CO.4 – All DEWR and Services Australia staff who make delegated decisions, and work on decision-making policy, be provided annual training on administrative law requirements for making valid decisions, including the exercise of discretion.
	Finding 4: Quality assurance activities did not identify the error	CO.5 – DEWR and Services Australia ensure they have systems in place that provide ongoing assurance that the administration of the TCF complies with the law and relevant policies. This should include risk management policies and procedures regarding automation in the TCF computer system
	Finding 5: Significant delay between identifying the error and pausing the cancellations	CO.6 – DEWR and Services Australia prepare a plan for identifying and assessing the scale and impact of legal, policy and administrative errors in the TCF, and for their timely remediation. The plan must have strategies and actions to identify and manage potential errors with large scale and immediate impact. The plan could include options for large-scale remediation (not only case-by-case) that would simplify and expedite the process for both those impacted and for the agencies
		CO.7 – DEWR and Services Australia proactively and quickly rectify identified issues with automated decision-making that have the potential to have adverse impacts on people in vulnerable circumstances. This includes providing timely advice to our Office.
Deloitte Statement of Assurance	**Urgent intervention 1**	Initiate measures to prevent the IT system from communicating participant payment cancellations to the Services Australia IT environment where the Secretary or their delegate has made a determination to pause or cease such compliance action.
	Urgent Intervention 2	Limit or suspend any further modification to the system base code without reference to an overarching architecture or system plan to constrain the risk of further disruptions to, or corruption of, the compliance program, the introduction of additional defects into the production platform, or the overall loss of TCF functionality through technical failure or a loss of processing integrity that compels a decision to suspend its operation.
	Urgent Intervention 3	Continue and strengthen its current internal assurance program, including directing the systematic review of all negative case determinations and outcomes processed by the IT system to ensure such results are supported by appropriate evidence and consistent with legislative and policy authority.

Ombudsman Report 1 and Deloitte Reviews: Recommendations Index

Source	Finding	Recommendation
Deloitte Final Report		
1NT: Traceability between Legislation, Policy and Operationalisation There is a fundamental lack of end-to-end traceability across the TCF, whereby legislative and policy intent are not reliably or transparently linked to the business rules, system logic, and operational practices embedded within the IT platform. This fragmentation has also contributed to inconsistency, functional misalignment across business areas, and poor accountability in both system development and service delivery		1NT.1 – Embed enforceable controls and safeguards over the IT system to provide certainty in relation to policy and legal decisions 1NT.2 – Establish a legislation and policy traceability register to validate implementation integrity 1NT.3 – Mature and formalise definitive program documentation and operational guidance 1NT.4 – Introduce participant pathway and workflow mapping across the IT system 1NT.5 – Develop a centralised, cross functional TCF knowledge repository 1NT.6 – Improve the maintenance and accessibility of historic legislative and policy positions on a point-in-time basis 1NT.7 – Improve Participant and public transparency through publication of end-to-end compliance pathways. 1NT.8 – Evaluate and rectify weaknesses in system controls that allow payment to persist despite verified non-compliance
2NT: Tension between Automation and Individualisation The current configuration of the TCF is overly reliant on automated processing, which can undermine the Framework's capacity to respond appropriately to complex or individualised participant circumstances. This automation, while efficient for standardised cases, often fails to account for discretion, judgement, or participant vulnerability resulting in inequitable outcomes and legal risk. Informal workarounds, hard-coded exceptions, and inconsistent provider practices have been used to compensate for these limitations, further fragmenting the system and eroding transparency. The absence of formal safeguards, decision validation mechanisms, or oversight of discretionary decisions contributes to a compliance model that may appear procedurally sound but in practice results in adverse or unfair participant experiences.		2NT.1 – Introduce integrated IT system fail-safes and consider the introduction of automated escalation pathways for discretionary or complex cases 2NT.2 – Formalise alternative case pathways for participants with complex needs or vulnerabilities 2NT.3 – Consider the development and introduction of a case-based benchmarking and decision validation mechanism 2NT.4 – Strengthen staff and provider capability to reduce reliance on automation in complex cases.
3NT: Governance and Assurance: Three Lines of Defence The current governance and assurance arrangements underpinning the TCF are fragmented and largely reactive, reducing their capacity to serve as effective safeguards against participant harm. There are no structured processes, analytical tools, or data-driven mechanisms in place to support risk-based assessment and prioritisation of individual case decisions for review or validation. These deficiencies heighten the risk of erroneous case outcomes, participant harm, and increased Departmental exposure to scrutiny and liability.		3NT.1 – Establish a Unified governance and assurance framework 3NT.2 – Enhance participant-facing complaint and issue resolution pathways 3NT.3 – Equip departmental officers with system-based case review tools 3NT.4 – Consider improved mechanisms for incident reporting of system and decision irregularities 3NT.5 – Develop and implement an off-system operational continuity framework 3NT.6 – Develop and implement a TCF assurance planning and prioritisation model based on risk and data driven logic 3NT.7 – Integrate complaints and feedback data into risk management and assurance planning and prioritisation 3NT.8 – Consider the use of risk-based case prioritisation for assurance review 3NT.9 – Monitor systemic outcomes across at-risk cohorts to identify and address inequity 3NT.10 – introduce independent verification of high risk or adverse compliance outcomes 3NT.11 – Implement scheduled reviews to ensure ongoing alignment of the TCF with legislative and policy intent
4NT: Iterative Changes: Policy and Legislation Iterative changes to legislation, policy, and the IT system have diminished overall system functionality, reduced participant accessibility and usability, and weakened traceability within the TCF. Over time, this has increased operational complexity and impaired the system's ability to reliably reflect current legislative requirements or embed contemporary regulation principles		4NT.1 – Develop and maintain design guidelines that clarify system capabilities and limitations 4NT.2 – Collaboratively design policy and legislative change proposals with cross-departmental input and direct IT system alignment 4NT.3 – Embed participant accessibility, usability, and administrative burden considerations in future TCF and system design 4NT.4 – Ensure that all finalised change proposals are subject to the formal internal validation mechanism 4NT.5 – Record all changes in the Framework's legislative and policy traceability register 4NT.6 – Implement comprehensive IT system version control with legal traceability
5T: Progressive Degradation of IT System Architecture The IT system has undergone extensive iterative change without the benefit of overarching architectural control or sustained investment, resulting in a system that is increasingly fragmented, difficult to maintain, and misaligned with legislative and policy intent. Business rules, embedded logic and the base system code have become overly complex, inconsistently implemented, and often lack traceability to legal authority.		5T.1 – Rationalise business rules, system logic, and base code to restore legislative and policy alignment and re-enable modular design 5T.2 – Rebuild core program logic within IT system to ensure legal traceability, transparency and discretion 5T.3 – Strengthen the Department's use and maintenance of a formal system design register with traceable mapping 5T.4 – Implement continuous technical auditing and monitoring of IT system health and integrity 5T.5 - Modularise compliance functions using a rules-based engine architecture, microservices or containerised architectures to enable lawful discretion and targeted control

6T: Design and Implementation There were clear deficiencies with the original design and implementation of the TCF. It currently lacks the necessary maturity, nuance, and participant-centred features required of a modern regulatory compliance model. The current system is heavily reliant on rigid automation and punitive enforcement, with limited capacity to differentiate between participant circumstances, behaviours, or intent	6T.1 – Mature the existing compliance model, or commission the development of a new model, to incorporate contemporary compliance principles and theories 6T.2 – Improve the use of behavioural nudges, transparency and educational tools to promote voluntary compliance 6T.3 – Increase the use of graduated compliance triggers aligned to participant behaviour 6T.4 – Enhance system capability to differentiate types of non-compliance 6T.5 – Enable system-assisted self-regulation through guided support tools. 6T.6 – Improve participant transparency and engagement with compliance decisions
7T: Strategic System Roadmap The lack of long-term strategic planning and sustained investment has directly contributed to the progressive degradation of the IT system. The system has evolved through fragmented and reactive changes, resulting in increasing complexity and reduced maintainability. There is no overarching development and management strategy to guide architectural integrity, align policy and assurance requirements, or ensure the system's evolution is lawful, sustainable, and fit for purpose.	7T.1 – Develop an overarching system development and management strategy 7T.2 – Review departmental funding arrangements to support long-term system stewardship. 7T.3 – Establish an integrated feedback and continuous improvement loop with system users
8T: Release Controls and Testing Departmental testing and change control frameworks are not consistently enforced across the IT system. Emergency fixes and hard-coded interventions have been used that increase the risk of undocumented, untraceable logic being embedded into the system. Over time, these practices have also degraded the system's architectural integrity and complicated maintenance and assurance activities.	8T.1 – Enforce consistent application of existing testing and release frameworks 8T.2 – Strengthen governance enforcement of change control processes 8T.3 – Permit temporary emergency fixes and hard-coded interventions to the IT system only with mandatory remediation.

Ombudsman Report 2: Recommendations Index

Source	Finding	Recommendation
Ombudsman own motion investigation report 2 – Fairness in the Targeted Compliance Framework	**Finding 1: DEWR's approach to remediating the unlawful cancellation decisions is not fair or reasonable.**	**2CO.1 –Recommendation 1** (a) DEWR and Services Australia should ensure public information regarding the pause of any cancellation decisions made by the Secretary of DEWR is relevant, accurate and up to date. (b) DEWR should ensure remediation is fair and reasonable by: (i) using clear and simple language to explain in the communication material to the affected person the decision that led to the administrative error, the process of remediation, the decision and the outcome (ii) considering the total impact an administrative error can cause on a job seeker which includes economic and non-economic losses (iii) ensuring all relevant and available information is considered (iv) inviting and assisting the affected person to provide more information on their losses prior to making a compensation decision
	Finding 2: Providers give insufficient information to Services Australia to conduct capability assessments of job seekers and mutual obligation failure investigations of job seekers.	**2CO.2 – Recommendation 2** DEWR establish processes and provide guidance to providers to improve record keeping and ensure accurate and complete information about a job seeker's circumstances (including relevant and historical information) is provided to Services Australia for capability assessments and mutual obligation failure investigations.
	Finding 3: Services Australia do not provide sufficient written explanation of penalty decisions to job seekers.	**2CO.3 – Recommendation 3** Services Australia should update written correspondence to job seekers about penalty decisions using simple, clear language. Written correspondence should inform the job seeker about: (a) the reasons for the decision along with an explanation about what constitutes a failure to provide a reasonable excuse (b) why in the job seeker's particular case it was considered they did not meet the requirement (c) their rights of review or appeal (d) terms of a legal or unfamiliar nature so that the job seeker is best able to understand what these terms mean
	Finding 4: – DEWR and Services Australia's information for job seekers on how to seek a review or make a complaint lacks transparency, clarity and accessibility.	**2CO.4 – Recommendation 4** DEWR and Services Australia review and update their information and communication to the public and job seekers about the review and complaints processes available to them. Materials should provide clear and transparent information and delineate the roles and responsibilities of the agencies involved
	Finding 5: A high rate of provider decisions are overturned.	**2CO.5 – Recommendation 5** DEWR improve the decision-making of providers by: (a) reviewing data on overturn rates of provider decision-making to develop targeted assurance activities to address inefficiencies and identify opportunities for improvement, whilst establishing feedback loops to ensure providers are receiving information on overturned decisions to further support learning and improvement (b) implementing further quality assurance by conducting regular reviews to identify and correct trends with individual providers as required
	Finding 6: Automatic suspensions in the Penalty Zone undermine a job seeker's ability to challenge penalties.	**2CO.6 - Recommendation 6** DEWR and Services Australia review the automatic process to suspend a job seeker's income support in the Penalty Zone, ideally to provide job seekers with 5 days to reconnect or provide a valid reason for any mutual obligation failure prior to suspension
	Finding 7: - DEWR's assessment of provider performance lacks transparency.	**2CO.7 - Recommendation 7** (a) DEWR should not award 'moderate' ratings to providers for criteria where there is insufficient data but should instead document and publish these criteria as 'not assessed'. (b) DEWR should publish meaningful and granular detail on ratings for each provider, including the reasons for the overall ratings and for the rating against each assessment module
	Finding 8: Compliance activities against providers do not appear to align to the high number of overturned rates of provider decisions	**2CO.8 - Recommendation 8** DEWR should review and update its current oversight activities to ensure compliance and monitoring activities consider the new data and trends emerging from DEWR's new complaints mechanism, the risk data monitoring app and the high overturn rates of provider decisions, and to actively address poor provider performance.
	Observation 1 – DEWR should continue to improve its oversight of providers, utilising their complaints mechanism.	**Suggestion 1** DEWR should continue to develop its complaints mechanism to identify trends to detect systemic issues and behavioural patterns of providers and create feedback loops into DEWR's oversight processes

Recommendation ⟷ Actions Index

Recommendation	Associated actions
CO.1 – Pause cancellations until errors are fixed	**CO.1A** – Implement and maintain the pause of cancellations under s42AF(2) **CO.1B** – Subject to the decisions of government, DEWR and Services Australia to consider the implementation of a Human Decision Maker to ensure that discretion is exercised for cancellation/reduction decisions under s42AF(2). Include strategies to mitigate the risks of inconsistency and bias in discretion and include the capability uplift needed to support the introduction. **CO.1C** – Prior to implementation, DEWR and Services Australia to undertake an independent legal and IT review to confirm compliance with the law.
CO.2 – Digital Protections Framework (DPF) Established	
CO.3 – Roles Placemat for Legislative Development	
CO.4 – Annual Training on Administrative Law	
CO.5 – Ongoing Assurance and Risk Management	
CO.6 – Plan for Error Identification and Remediation	
CO.7 – Proactive and Timely Rectification of Issues	
1NT.1 – Embed enforceable controls and safeguards over the IT system to provide certainty in relation to policy and legal decisions	
1NT.2 – Establish a legislation and policy traceability register to validate implementation integrity	
1NT.3 – Mature and formalise definitive program documentation and operational guidance	
1NT.4 – Introduce participant pathway and workflow mapping across the IT system	
1NT.5 – Develop a centralised, cross functional TCF knowledge repository	
1NT.6 – Improve the maintenance and accessibility of historic legislative and policy positions on a point-in-time basis	
1NT.7 – Improve Participant and public transparency through publication of end-to-end compliance pathways.	

s 22(1)

s 22(1)

Recommendation
1NT.8 – Evaluate and rectify weaknesses in system controls that allow payment to persist despite verified non-compliance
2NT.1 – Introduce integrated IT system fail-safes and consider the introduction of automated escalation pathways for discretionary or complex cases
2NT.2 – Formalise alternative case pathways for participants with complex needs or vulnerabilities
2NT.3 – Consider the development and introduction of a case-based benchmarking and decision validation mechanism
2NT.4 – Strengthen staff and provider capability to reduce reliance on automation in complex cases.
3NT.1 – Establish a Unified governance and assurance framework
3NT.2 – Enhance participant-facing complaint and issue resolution pathways

s 22(1)

Recommendation
3NT.3 – Equip departmental officers with system-based case review tools
3NT.4 – Consider improved mechanisms for incident reporting of system and decision irregularities
3NT.5 – Develop and implement an off-system operational continuity framework
3NT.6 – Develop and implement a TCF assurance planning and prioritisation model based on risk and data driven logic
3NT.7 – Integrate complaints and feedback data into risk management and assurance planning and prioritisation
3NT.8 – Consider the use of risk-based case prioritisation for assurance review
3NT.9 – Monitor systemic outcomes across at-risk cohorts to identify and address inequity
3NT.10 – introduce independent verification of high risk or adverse compliance outcomes
3NT.11 – Implement scheduled reviews to ensure ongoing alignment of the TCF with legislative and policy intent
4NT.1 – Develop and maintain design guidelines that clarify system capabilities and limitations
4NT.2 – Collaboratively design policy and legislative change proposals with cross-departmental input and direct IT system alignment
4NT.3 – Embed participant accessibility, usability, and administrative burden considerations in future TCF and system design
4NT.4 – Ensure that all finalised change proposals are subject to the formal internal validation mechanism

s 22(1)

Recommendation
4NT.5 – Record all changes in the Framework's legislative and policy traceability register
4NT.6 – Implement comprehensive IT system version control with legal traceability
5T.1 – Rationalise business rules, system logic, and base code to restore legislative and policy alignment and re-enable modular design
5T.2 – Rebuild core program logic within IT system to ensure legal traceability, transparency and discretion
5T.3 – Strengthen the Department's use and maintenance of a formal system design register with traceable mapping
5T.4 – Implement continuous technical auditing and monitoring of IT system health and integrity
5T.5 - Modularise compliance functions using a rules-based engine architecture, microservices or containerised architectures to enable lawful discretion and targeted control
6T.1 – Mature the existing compliance model, or commission the development of a new model, to incorporate contemporary compliance principles and theories
6T.2 – Improve the use of behavioural nudges, transparency and educational tools to promote voluntary compliance
6T.3 – Increase the use of graduated compliance triggers aligned to participant behaviour
6T.4 – Enhance system capability to differentiate types of non-compliance
6T.5 – Enable system-assisted self-regulation through guided support tools.
6T.6 – Improve participant transparency and engagement with compliance decisions
7T.1 – Develop an overarching system development and management strategy
7T.2 – Review departmental funding arrangements to support long-term system stewardship.
7T.3 – Establish an integrated feedback and continuous improvement loop with system users

s 22(1)

Recommendation
8T.1 – Enforce consistent application of existing testing and release frameworks
8T.2 – Strengthen governance enforcement of change control processes
8T.3 – Permit temporary emergency fixes and hard-coded interventions to the IT system only with mandatory remediation.
UI.1 – Initiate measures to prevent the IT system from communicating participant payment cancellations to the Services Australia IT environment where the Secretary or their delegate has made a determination to pause or cease such compliance action.
UI.2 – Limit or suspend any further modification to the system base code without reference to an overarching architecture or system plan to constrain the risk of further disruptions to, or corruption of, the compliance program, the introduction of additional defects into the production platform, or the overall loss of TCF functionality through technical failure or a loss of processing integrity that compels a decision to suspend its operation.
UI.3 – Continue and strengthen its current internal assurance program, including directing the systematic review of all negative case determinations and outcomes processed by the IT system to ensure such results are supported by appropriate evidence and consistent with legislative and policy authority.

Ombudsman 2 Recommendation ⟷ Actions Index

Recommendation	Associated actions agreed by SROs. Existing and New.
2CO.1 Recommendation 1 (a): DEWR and Services Australia should ensure public information regarding the pause of any cancellation decisions made by the Secretary of DEWR is relevant, accurate and up to date.	• Ongoing Communications to continue to ensure content on the website is current and accurate, DEWR is required to continue to update the website with relevant and timely information on any further decisions regarding the pause of payment cancellation decisions made by the Secretary.
2CO.1 Recommendation 1 (b): DEWR should ensure remediation is fair and reasonable by: i. using clear and simple language to explain in the communication material to the affected person the decision that led to the administrative error, the process of remediation, the decision and the outcome ii. considering the total impact an administrative error can cause on a job seeker which includes economic and non-economic losses iii. ensuring all relevant and available information is considered iv. inviting and assisting the affected person to provide more information on their losses prior to making a compensation decision.	
2CO.2 Recommendation 2: DEWR establish processes and provide guidance to providers to improve record keeping and ensure accurate and complete information about a job seeker's circumstances (including relevant and historical information) is provided to Services Australia for capability assessments and mutual obligation failure investigations.	
2CO.3 – Recommendation 3: Services Australia should update written correspondence to job seekers about penalty decisions using simple, clear language. Written correspondence should inform the job seeker about: a) the reasons for the decision along with an explanation about what constitutes a failure to provide a reasonable excuse b) why in the job seeker's particular case it was considered they did not meet the requirement c) their rights of review or appeal d) terms of a legal or unfamiliar nature so that the job seeker is best able to understand what these terms mean.	

s 22(1)

s 22(1)

Recommendation

2CO.4 Recommendation 4: DEWR and Services Australia review and update their information and communication to the public and job seekers about the review and complaints processes available to them. Materials should provide clear and transparent information and delineate the roles and responsibilities of the agencies involved.

2CO.5 Recommendation 5: DEWR improve the decision-making of providers by:

a) Reviewing data on overturn rates of provider decision-making to develop targeted assurance activities to address inefficiencies and identify opportunities for improvement, whilst establishing feedback loops to ensure providers are receiving information on overturned decisions to further support learning and improvement.
b) Implementing further quality assurance by conducting regular reviews to identify and correct trends with individual providers as required.

2CO.6 Recommendation 6: DEWR and Services Australia review the automatic process to suspend a job seeker's income support in the Penalty Zone, ideally to provide job seekers with 5 days to reconnect or provide a valid reason for any mutual obligation failure prior to suspension.

2CO.7 Recommendation 7(a): DEWR should not award 'moderate' ratings to providers for criteria where there is insufficient data but should instead document and publish these criteria as 'not assessed'.

2CO.7 Recommendation 7 (b): DEWR should publish meaningful and granular detail on ratings for each provider, including the reasons for the overall ratings and for the rating against each assessment module.

s 22(1)

Recommendation

2CO.8 Recommendation 8: DEWR should review and update its current oversight activities to ensure compliance and monitoring activities consider the new data and trends emerging from DEWR's new complaints mechanism, the risk data monitoring app and the high overturn rates of provider decisions, and to actively address poor provider performance.

Suggestion1: DEWR should continue to develop its complaints mechanism to identify trends to detect systemic issues and behavioural patterns of providers and create feedback loops into DEWR's oversight processes.

Australian Government
Department of Employment and Workplace Relations

TCF Governance IDC

Meeting Paper – 27 March 2026

Agenda Item	**Item 3.1**
Title	Completion of Phase 1 TCF system mapping
Lead	s 22(1)
Recommendation(s)	That the Committee: 1. **Notes** the receipt and completion of the 14 TCF system maps (Phase 1 of the traceability mapping process) s 22(1)

Key points

1. The TCF Taskforce has completed Phase 1 of the traceability mapping process. The attached 14 maps have been endorsed by Services Australia and DEWR Assistant Secretaries (**Attachment A**).
2. These maps contribute to addressing the following joint recommendations of Commonwealth Ombudsman's report (No. 1):
    - **Recommendation 5:** Ongoing Assurance and Risk Management DEWR and Services Australia ensure they have systems in place that provide ongoing assurance that the administration of the TCF complies with the law and relevant policies. This should include risk management policies and procedures regarding automation in the TCF computer system.
    - **Recommendation 7:** Proactive and Timely Rectification of Issues DEWR and Services Australia proactively and quickly rectify identified issues with automated decision-making that have the potential to have adverse impacts on people in vulnerable circumstances. This includes providing timely advice to our office.

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Meeting outcome notes
• Noted the receipt and completion of the 14 TCF system maps (Phase 1 of the traceability mapping process). • s 22(1)

	Name:	Number:	Date:
Developed by:	s 22(1)	s 22(1)	20/03/2026
Approved by:	s 22(1)	s 22(1)	20/03/2026
Cleared by	s 22(1)	s 22(1)	26/03/2026

Page 47-60 deleted under section 42(1) of the FOI Act.

Page 61-74 deleted under section 47C(1) of the FOI Act.

Complaints: Contact Centre Wait Times

Note: to protect individuals' privacy, all data are rounded to the nearest 5, this may result in non-additivity for some totals. Zeros are actual zeros.

From the period of 1 July 2025 to 31 March 2026, complaints regarding wait times submitted by individuals participating in programs administered by DEWR was 1,325.

Australian Government
Department of Employment and Workplace Relations

ICT MAJOR INCIDENT REPORT

Incident Title:	**CS0399190 - Access Denied, Repeated Prompt for Information Exchange & Privacy Module**
Priority:	P1
Date Raised:	27/02/2026 08:39
Date Resolved:	27/02/2026 13:08
Duration of Incident:	4hrs 29mins
Root Cause:	Vendor sent null data files, which the system interpreted as deletions and processed accordingly.
Responsibility:	Employment Systems Pipeline (Data Management Team)
Related Items:	NA
PIR Conducted by:	s 22(1)

Incident description

Reports were received advising users were unable to access Workforce Australia Online for Providers as they were being prompted to complete the Information Exchange and Privacy Modules, but they had already done so. IVR was raised and a Known System Issue article was published.

Business Impact

- **Impact for Job Seekers and Participants:** - Contact Centres were severely impacted, which in turn impacted Job Seekers calling because they couldn't undertake any servicing actions.
- **Impact for Providers:** - All providers (other than those exclusively delivering Inclusive Employment Australia with only the DES6 contract role) who deliver programs in Workforce Australia Online for Providers were unable to access the system. They were being prompted to complete the Information Exchange and Privacy Module and the Fraud Module, despite having already completed them.
- **Impact for Business: -** Not affected
- s 22(1)

Resolution

Investigation by <DSD team>/EMT-A low traffic problem was generated by Dynatrace for WFA for Providers; they could see increased hits against the page "not-compliant". No action taken by EMT/TSD teams other than initial investigations.

Root cause (if known)

The cause of the outage was determined to be by the vendor ACORN sending null data reports to the Data Management Team. When these reports were processed, the system interpreted the

missing data as intentional deletions, which resulted in the loss of Learning Centre data. The underlying reason why ACORN sent null reports is still under investigation, and a Post Incident Report has been received from the vendor . A copy has been attached to the PIR

Clients Impacted

- Department of Employment and Workplace Relations

Services and applications affected

- Workforce Australia Online for Providers
- ESSWeb

Recommendations

Item (Issue/Recommendation)	**Detail**	**Responsibility**	**Status**
issue 1	ACORN sent null data files, which the system interpreted as deletions, resulting in unintended data loss.		
Recommendation 1.1	Implement validation tolerances on incoming Learning Centre data to prevent overwriting or deleting data when files are incomplete or unusual.	Data Management	Completed
Recommendation 1.2	Trigger failure notifications to additional recipients, including the Learning Centre team, when data loads fail or hit tolerance thresholds.	Data Management	Completed
Issue 2	Large or unusual data changes were previously processed without manual verification, risking bulk data deletion.		
Recommendation 2.1	Require manual confirmation from the Learning Centre team before processing data loads that exceed tolerance thresholds to ensure intentional changes are validated.	Data Management	Completed

PIR Approval

Name:	s 22(1)
Position:	Assistant Secretary
Division/Branch:	Digital Experience and Solutions/Employment Systems Delivery
Approval Status:	Approved
Date Approved:	25 March 2026

Contributors

List of ETD/DES staff who contributed to this report

Name	Position	Branch/Section
s 22(1)	Assistant Director	Digital Operations/ Enterprise Business Platform Services
s 22(1)	Assistant Director	Digital Operations/ Enterprise Business Platform Services
s 22(1)	Team Leader EMT	IPO/Technology Operations

Australian Government
Department of Employment and Workplace Relations

ICT MAJOR INCIDENT REPORT

Incident Title:	**CS0407164 - myID outage preventing logon to multiple Employment Systems,** s 22(1)
Priority:	P1
Date Raised:	1/04/2026 11:47
Date Resolved:	1/04/2026 15:27
Duration of Incident:	4 hours 22 minutes
Root Cause:	myID Outage
Responsibility:	External Services – Australian Taxation Office
Related Items:	ADO856203
PIR Conducted by:	s 22(1)

Incident description

There were two back-to-back Digital ID outages which prevented external users from being able to login to DEWR s 22(1) systems with Digital ID. Users were unabl in an error message, preventing access to the affected services.

Note: Users who were already logged in prior to the incident could continue to use the affected systems (until they signed out or experienced a session timeout).

Business Impact

Impact Summary

- **Impact for Job Seekers and Participants: -** Only impacted if logging in with a Digital ID connected to their myGov . Users signing in directly with their myGov were not impacted.
- **Impact for Providers:** Providers were unable to login to WFA for Providers.
- **Impact for Business:** Businesses were unable to log in to Workforce Australia Online for Businesses

s 22(1)

Resolution

EMTs checks of internal monitoring showed no issues, manual testing of Digital ID logins (*myGov was unaffected and is different to myID, so just use Digital ID*) demonstrated the failures.

No other action taken by EMT.

The AGDIS Administrator informed all government departments that the ATO (system owners of myID) resolved both issues

Root cause (if known)

The specific root cause is not known. However, from a DEWR perspective, at a high level there was an outage to the Digital ID system caused by an issue in the ATO affecting myID.

Clients Impacted

- Department of Employment and Workplace Relations
- s 22(1)
-

Services and applications affected

- s 22(1)
-
-
- Workforce Australia Online for Providers
- Workforce Australia Online for Businesses
- Remote Australia Employment Service
- Workforce Australia for Individuals
- JobAccess Secure site

PIR Approval	
Name:	s 22(1)
Position:	Assistant Secretary
Division/Branch:	Employment Systems Delivery Branch, Digital Experience and Solutions
Approval Status:	Approved
Date Approved:	01 May 2026

Contributors

List of ETD/DES staff who contributed to this report

Name	Position	Branch/Section
s 22(1)	Assistant Director	Digital Operations
	Assistant Director	Digital Operations
	Team Leader	Technology Operations
	System Analyst	Digital Partnership Office, Enterprise Business Platforms Services (ETD)
	Director	Employer, Snapshot and Digital Support
	Director	Workplace Relations Systems
	Support Team Lead	DES - Innovation, Design and Delivery Branch