



**Santé en
français**

*A shared vision for the health
and social services sector*

Position paper submitted as part of the consultations
Manitoba: a truly bilingual province

October, 31st 2025

Table of contents

Executive summary	6
Background	11
Guiding principles	11
Methodology for preparing this position paper	12
Priority issues for a truly bilingual province	13
1. Strengthening community engagement	13
Bilateral agreements as a lever to attract federal funding	13
Language insecurity and reinforcement of active offer and demand.....	14
Strengthening the regulatory framework for French-language services plans.....	15
2. Human resources as the cornerstone of a bilingual Manitoba	17
A community project seeking concrete solutions.....	17
Training and promotion as tools for ensuring the next generation of bilingual workers.....	18
Integrating newcomers into the job market	20
3. Offering Francophones a range of services that meet their diverse needs.....	22
Understanding Francophone needs through data collection and integration	22
Aiming higher to better serve Francophones, no matter where they are	24
Strengthening access to primary care for Francophones across the province	25
4. Supporting vulnerable populations through social and mental health services.....	28
Conclusion	30
Appendix A – Bibliography	31
Appendix B – Groups and institutions consulted as part of this process.....	33

A shared vision for the health and social services sector

Executive summary

Santé en français, as the official voice of Manitoba's Francophone community relating to healthcare and social services, welcomes the Government of Manitoba's initiative to develop a strategy for a truly bilingual province – an historic opportunity for Manitoba's economic and social prosperity.

This position paper is the result of five group consultations and three individual interviews, gathering perspectives from a total of 47 participants across the health and social services system, excluding the consultation team. This also includes representatives from 21 institutions with various areas of expertise in the field of health and social services.

Firmly grounded in principles like equity and an inclusive vision of Manitoba's Francophone community, and supported by Santé en français' role as a catalyst for coordination and consensus-building, the paper advocates for equitable, safe and quality access to healthcare and social services in French. It identifies vital steps that could be taken to support the long-term goal of a truly bilingual province.

The position paper is structured along four main priority issues:

- ❖ Strengthening community engagement
- ❖ Human resources as the cornerstone of a bilingual Manitoba
- ❖ Offering French speakers a range of services that meet their diverse needs
- ❖ Supporting vulnerable populations through social and mental health services

It also identifies the 41 recommendations that together help support the government's vision.

Santé en français and its partners wish to thank Premier Kinew and Minister Simard for their ongoing commitment to supporting Manitoba's Francophones, and remain available to answer any questions they may have.

Recommendation 1: That the Manitoba government follow Alberta's example and include in its new strategy for a truly bilingual province a commitment to work with community organizations to ensure increased funding under the next agreement on the development of offer and demand for French-language health services.

Recommendation 2: That the Province rely on French-language services plans as the preferred mechanism for integrating the commitments of bilateral health agreements related to French-language services and for directing funds to designated institutions and community organizations that provide essential direct and indirect services on the ground.

Recommendation 3: That the Departments of Health and of Families, among others, study the position paper presented by Santé en français on the principle of equitable access and the measures

proposed to better support Francophones, with a view to implementing its strategies related to active offer, the availability of information in the areas of health and social services, the inclusion of language in user files, the collection of evidence-based data, and the enhancement of service delivery across the continuum.

Recommendation 4: That the government of Manitoba include financial measures in the new strategy to support designated institutions and Francophone organizations, including Santé en français, so that they can conduct awareness campaigns to combat language insecurity and reinforce the active offer and demand for French-language health care and social services among Francophones throughout the province, including in rural areas.

Recommendation 5: That meaningful consultation with the community be the cornerstone of the new strategy for a bilingual province, so that Francophones who are deeply committed to community development and who have acquired expertise in their sectors can support and guide the government in structuring initiatives.

Recommendation 6: That the Province continue its work to create regulations related to the implementation of *The Francophone Community Enhancement and Support Act* and French-language services plans.

Recommendation 7: That these regulations aim to give more authority to the minister responsible for Francophone Affairs and the Francophone Affairs Secretariat to ensure the full implementation of services plans and optimal coordination of efforts.

Recommendation 8: That the commitments contained in the services plans focus more on the creation of structuring initiatives centred on the needs of the Francophone community.

Recommendation 9: That the Departments of Health and of Families be made aware of the importance of the services plans and play a greater role in directing and coordinating efforts.

Recommendation 10: That senior managers of all designated public entities be held accountable for the French-language services plans, so that their commitments inform decision-making at a more strategic level.

Recommendation 11: That community consultation mechanisms be described in the new regulations and that the principle of “by us and for us” be reflected in any changes to the framework in order to foster predictability for community representatives.

Recommendation 12: That the new bilingualism strategy include financial measures to support key institutions and organizations so that they can continue to address the bilingual labour shortage through structuring initiatives aimed at promoting careers in health and social services, including in FL1 and FL2 school divisions, and that the Province commit to sustaining these projects over the long term.

Recommendation 13: That the Province specifically aim to sustain the flagship project of Manitoba’s Francophone partners, *Vitalité santé!*, once the project ends in March 2028.

Recommendation 14: That the Province focus on strengthening the Université de Saint-Boniface (USB) as a valued medium for training a new generation of bilingual Manitobans who can work in French and English in the health and social services sector.

Recommendation 15: That the strengthening of the USB be achieved both by increasing the number of spots in its existing health and social services programs, and by expanding the choice of graduate programs available in French in Manitoba.

Recommendation 16: That the provincial government commit to long-term investment so that university programs at all Manitoba universities develop the skills needed to provide health and social services in French, thereby promoting careers in French and ensuring the implementation of active offer, without replacing the mandate of the Université de Saint-Boniface.

Recommendation 17: That the Manitoba government commit to sustained investment in programming to enhance the benefits and incentives for working in French in the health and social services system, as well as to visibly recognize those who choose to pursue careers in French.

Recommendation 18: That the provincial government enhance collaboration with professional bodies and unions to relax their accreditation recognition criteria and implement a bridge program for Francophone newcomers so that they can integrate more quickly into the health and social services labour market.

Recommendation 19: That all unilingual English-language professional bodies implement a dual pathway to allow Francophones, including newcomers, to take all exams and complete the registration process in the official language of their choice.

Recommendation 20: That the *Regulated Health Professions Act* be re-examined with a view to strengthening bilingualism requirements in the practices of professional bodies.

Recommendation 21: That the Province strengthen the Francophone lens in its own recruitment efforts outside Manitoba, for example by organizing missions to Francophone countries to promote the recruitment of health and social services professionals, and by offering English courses to newcomers whose first official language spoken and understood is French.

Recommendation 22: That the Manitoba government establish a provincial committee with the mandate and financial resources to strengthen efforts to recruit bilingual workers from outside the province, including elsewhere in Canada and internationally.

Recommendation 23: That the Province leverage the language variable on the new health card as a tool to better understand the needs of Francophones, integrate the preferred official language into user records, and apply a Francophone lens to the digitization of Shared Health-Soins communs medical records, among other things.

Recommendation 24: That all public entities in Manitoba, including those not covered by the Act, systematically collect information on the languages spoken by individuals receiving health care and social services, and that this information be confirmed at each new point of access.

Recommendation 25: That the Departments of Health and of Families consider setting up a structuring project to triangulate the data obtained from the health card with population data from the latest Statistics Canada census, as well as with organizational data on human resources and the availability of French-language services collected by the OZi project, in order to inform courses of action to strengthen the French-language health services system.

Recommendation 26: That Manitoba establish a formal mechanism to guide the interpretation of any data analysis in order to take into account the effects of linguistic insecurity on the demand for French-language services and their restorative effect on this population.

Recommendation 27: That the collection and analysis of evidence be continuously expanded to take into account the impacts that intersecting identities may have on people whose first, second, or additional language is French.

Recommendation 28: That the Province continue to implement strategies that target priority and vulnerable populations and that these strategies continue to be based on evidence that fully takes into account the diversity of Manitoba's Francophone community.

Recommendation 29: That the government do everything possible to enhance the Francophone lens in research funding processes, including at Research Manitoba, so that language is included among the criteria for analyzing bias in samples.

Recommendation 30: That analyses of Francophone service providers' offer and demand take into account the fact that they often serve non-Francophones, which creates competition between Francophones and the general population for access to bilingual service providers.

Recommendation 31: That all Francophones have access to an integrated health care and social services system with referral pathways that allow them to move from one French-language service to another, ideally across the full range of services available in the province, by mobilizing a provincial clinical program under Francophone Health, Shared Health-Soins communs.

Recommendation 32: That the Departments of Health and of Families plan establish formal mechanisms for collaboration with Shared Health-Soins communs, health authorities, designated facilities, the Francophone Affairs Secretariat and Santé en français, among others, to create coordinated strategies aimed at improving French-language pathways for primary care and social services across the province and strengthening referral and admission mechanisms.

Recommendation 33: That the Province, through ongoing consultation with the community, plan for the expansion and coordinated deployment of mobile teams to provide care across regions, both rural and urban, with a view to optimizing resources.

Recommendation 34: That the Departments of Health and of Families invest in a person-centred approach to serve priority Francophone populations and maximize the impact of services in the field.

Recommendation 35: That the provincial government incorporate the comprehensive vision of 2013 into the new strategy for a truly bilingual Manitoba and ensure that any new initiative

advances the ultimate goal of breaking down barriers to place French-speaking individuals at the centre of the Francophone continuum of health care and social services.

Recommendation 36: That the Manitoba government include measures in the new strategy to increase the provision of primary care in communities with a high concentration of Francophones where services already exist, particularly in rural areas.

Recommendation 37: That the opening of a second location for the Centre de santé Saint Boniface in St. Vital be considered in order to bring French-language primary care closer to patients and optimize interdisciplinary services and existing space, for the benefit of residents of both neighbourhoods and all Francophones living in the city of Winnipeg.

Recommendation 38: That the new strategy include a commitment to increase funding for the Francophone social and mental health services sector so that it can ease pressure on the health care system and enhance the capacity of institutions to strengthen French-language services and work as a network to further integrate service delivery for all populations.

Recommendation 39: That the Province provide increased funding for the support services offered by Santé en français so that the organization can adequately respond to the substantial increase in demand that is expected.

Recommendation 40: That the Manitoba government work to further integrate and harmonize health care with social services and mental health, both in terms of service delivery and interdepartmental coordination and planning of care and French-language services plans.

Recommendation 41: That Santé en français be included in discussions on any changes in this regard so that the voice of Francophones is taken into account before and during the change.

*"I myself am a product of assimilation. I didn't understand my family when they spoke French at home – they stopped teaching it to us. I had to go to Quebec to learn it on my own, to help me understand my own family. It's so important to rebuild that sense of pride."
- Consultation participant¹*

Background

- On June 9, 2025, the Manitoba government launched a provincial consultation to develop a strategy to make Manitoba a truly bilingual province.
- In 2021, 112,115 Manitobans could carry on a conversation in French, representing 8.4% of the provincial population.
- Manitoba was founded as an institutionally bilingual province, in line with the vision of its first premier, Louis Riel – a proud Métis and Francophone.
- Francophones have had to take action on several occasions over the decades to defend Manitoba's bilingualism and ensure lasting gains for the Francophone community.
- Santé en français' role as a voice for Francophone health and social services is the result of this mobilization, particularly in response to the language crisis of the 1980s.
- Some catching up must be done to realign Manitoba's identity with its Francophone and Métis roots and create the conditions for Manitoba to become bilingual once again.
- French and institutional bilingualism give Manitoba an undeniable competitive advantage at the regional, national, and international levels.
- To maintain this advantage, the bilingual workforce must be able to live and thrive in French in Manitoba, both at work and in their private lives.
- The provision of health care and social services in French within and beyond designated bilingual regions contributes directly to the province's economic and social development.
- The signatories thank the government for its initiative and for the opportunity to contribute to the vision of a truly bilingual Manitoba.

Guiding principles

- "By us and for us": nothing for us or about us, without us.
- Continuity of care: a seamless continuum of healthcare in French supported by a primary care network that acts as a central hub to direct clients to the right services at the right time.
- Equity: alignment with numerous statements of rights and principles, including:
 - The spirit of [The Francophone Community Enhancement and Support Act](#) and Manitoba's Francophone affairs framework
 - Part VII of the [Official Languages Act](#)

¹ All quotations included in this position paper were taken from consultations organized by Santé en français as part of this process.

- the commitments contained in the Canada-Manitoba bilateral agreements on health care with regard to support for official language minority communities.
- Universal access: safe, equitable and accessible services for all Francophones, regardless of their language proficiency, place of residence, or identity.
- Inclusive vision of Manitoba's Francophone community: inspired from the definition in *The Francophone Community Enhancement and Support Act*.
- Positive measures: as a form of redress for past assimilatory policies.
- Protection of gains: to honour the many years of struggle by Francophones for their rights.
- Complementarity: respect for the roles and expertise of each sector in order to find sustainable solutions.
- Unity and transversality: going beyond silos to promote integrated and intersectoral approaches.
- Goodwill: working hand in hand with decision-makers for the development of the Francophone community in Manitoba.
- Active offer of services: adapted to the realities of Francophones, supported by the organizational culture and institutional values of excellence in service delivery.
- Person-centred services and equitable support for vulnerable populations: based on the [Eden Alternative](#) approach, which is being rolled out in Manitoba, including by the Réseau Compassion Network (RCN), Actionmarguerite and Charités Despins.

Methodology for preparing this position paper

- Five exploratory meetings with several partners with a view to submitting a position paper on behalf of the health and social services sector.
- Review of previous papers and studies, including those cited in the bibliography in Appendix A.
- Writing a first draft of the paper and holding five focus groups and three targeted interviews with representatives of the 21 institutions listed in Appendix B to validate the main directions, for a total of 47 participants.
- Review and validation of the position paper, with the support of Shared Health-Soins communs and the Réseau Compassion Network.
- Linguistic review, translation and submission of the position paper.
- Limitations of the approach, given the timelines:
 - No primary research was completed as part of this exercise.
 - No consultations were conducted with individual members of the Francophone community or of Indigenous and non-Francophone populations.
 - No consultations were held with institutions in Manitoba that are not designated as bilingual, nor with professional associations in the sector.
 - No systematic consultations were held with health and social services professionals who work directly with clients.

Priority issues for a truly bilingual province

1. Strengthening community engagement

Bilateral agreements as a lever to attract federal funding

"If the question is how to make Manitoba a truly bilingual province, the answer is simple. We need to live and breathe this. We have to stop having the bilingual aspect be an afterthought. It needs to be integrated at every step of the process, starting from the beginning."

- On February 14, 2024, the governments of Canada and Manitoba announced more than \$633 million in funding to improve health care and social services.
- Under the [Working Together](#) agreement, the Government of Canada is providing nearly \$434 million to support Manitoba's [three-year action plan](#) to improve health care.
- The federal government is also contributing approximately \$199 million through the [Aging with Dignity](#) agreement to support Manitoba's [five-year action plan](#) to improve home care, community care, and long-term care for seniors.
- These agreements contain statements of principle that both governments are committed to respecting, including "equity in access" for "official language minority communities," among other target populations.
- To support both levels of government in further clarifying what equitable access means for Manitoba's Francophone community, Santé en français has developed a [position paper](#) related to the bilateral agreements with possible solutions.
- In 2024, Alberta worked with Albertan Francophone organizations to secure a \$5.4 million investment over three years as part of the agreement for specific French-language service initiatives.
- In Manitoba, the regulatory framework requires public entities, including health units and child and family services boards, to prepare French-language services plans that must be approved by the minister responsible for Francophone Affairs.
- These services plans contain key SMART performance indicators that not only measure progress in French-language services, but also meet the requirements of action plans related to bilateral agreements, in the event that Manitoba is able to direct funds toward strengthening the provision of French-language services.
- Given that the *Canada-Manitoba Agreement on French-Language Services 2023-2024 to 2027-2028* is fundamentally aimed at strengthening the provision of government services, bilateral health agreements are the best alternative for strengthening the provision of services by and for Manitoba's Francophone community in all its diversity.
- In September 2025, the Carney government said it plans to [maintain federal investments in health](#) transfers, despite the austerity measures planned in the next budget.

Recommendation 1: That the Manitoba government follow Alberta's example and include in its new strategy for a truly bilingual province a commitment to work with community organizations to ensure increased funding under the next agreement on the development of offer and demand for French-language health services.

Recommendation 2: That the Province rely on French-language services plans as the preferred mechanism for integrating the commitments of bilateral health agreements related to French-language services and for directing funds to designated institutions and community organizations that provide essential direct and indirect services in the field.

Recommendation 3: That the Departments of Health and of Families, among others, study the arguments presented by Santé en français on the principle of equitable access and the measures proposed to better support Francophones, with a view to implementing its strategies related to active offer, the availability of information in the areas of health and social services, the inclusion of language in user files, the collection of evidence-based data, and the enhancement of service delivery across the continuum.

Language insecurity and reinforcement of active offer and demand

"We often talk about the health card, but people are shy to say they are bilingual because they are afraid that once they get to the doctor's office, they won't understand the provider's French or that medical terms will be used that they won't understand. They are afraid to make the request and that their level is not up to the standard of the service offered, or they are ashamed."

"We are so used to conforming to what exists that we don't think to ask for services in French. Even newcomers no longer have the reflex to ask for service in French. We need to strengthen active demand, but that won't change overnight."

"You know, people who say 'hello, bonjour' and don't speak French are afraid that someone will actually speak to them in French. They don't know how to say 'wait' to go get someone. We really need to push training and do role-playing. Otherwise, they'll never say it."

"We're shy, nervous, but the public must be served. We need to take steps to counter the embarrassment. There's an 'us vs. them' mentality when it comes to bilingualism."

- Linguistic insecurity is a phenomenon that too often colours the experience of French-speaking Manitobans in all their diversity.
- It refers to the feeling of insecurity that a person may experience when expressing themselves. For Francophones in minority situations, it can manifest itself in both French and English.
- In Manitoba, linguistic insecurity is often the result of past assimilatory policies, which continue to have an impact on linguistic and cultural heritage.
- Given this linguistic insecurity, a great deal of work needs to be done not only to increase the offer of services in French, but also to develop active demand.
- It is also essential to counter linguistic insecurity in the workplace, where it can have a negative effect on the actual availability of French-language services.
- Without strengthening and normalizing active offer and demand, Manitoba will not be able to maintain its position as a truly bilingual province.

Recommendation 4: That the government of Manitoba include financial measures in the new strategy to support designated institutions and Francophone organizations, including Santé en français, so that they can conduct awareness campaigns to combat language insecurity and reinforce the active offer and demand for French-language health care and social services among Francophones throughout the province, including in rural areas.

Recommendation 5: That significant consultation with the community be the cornerstone of the new strategy for a bilingual province, so that Francophones who are deeply committed to community development and who have acquired expertise in their sectors can support and guide the government in structuring initiatives.

Strengthening the regulatory framework for French-language services plans

“With what we’re hearing from this government, we’re so close to being able to do concrete things with significant benefits. We absolutely must take a step forward. »

“What we need is accountability. It’s not just a question of giving money for French plans and services with no supervision.”

- French-language services (SEF) plans are a vital tool for encouraging public entities subject to *The Francophone Community Enhancement and Support Act* to promote the offer of services in French.
- That said, nearly 10 years after the Act was passed, it has become clear that certain shortcomings are limiting the effectiveness of these plans.
- In particular, they often focus on more transactional aspects – active offer, number of positions and translations – rather than structural and strategic aspects.
- In addition, the asymmetry of the plans and the lack of teeth when it comes to commitments mean that results can be modest and limited.
- A truly bilingual Manitoba must strengthen the service plan framework to make public entities subject to the Act more accountable.
- This requires that a Francophone lens be applied systematically and transversally in any new initiative that has an impact on the health care and well-being of Francophones, starting at the planning stage.
- This includes, in particular, the issue of human resources. The general HR plans of public entities must also be reflected in the FLS plans.
- More coordinated planning can enable the Province to better meet the needs of Francophones, including by directing certain resources to rural areas.
- This may require the Departments of Health and of Families to play a greater role on their end to ensure that commitments are supported at the highest levels.
- Funding for these initiatives must also be protected and predictable, with a budget dedicated exclusively to French-language services and accompanied by expectations that it will be spent.

- A truly bilingual province must take the implementation of these plans seriously. Fortunately, the infrastructure is already in place to take the next step.
- This would enhance the offer of French-language services in designated bilingual regions and beyond, where Francophones continue to have unequal access to services.

Recommendation 6: That the Province continue its work to create regulations related to the implementation of *The Francophone Community Enhancement and Support Act* and French-language services plans.

Recommendation 7: That these regulations aim to give more authority to the minister responsible for Francophone Affairs and the Francophone Affairs Secretariat to ensure the full implementation of services plans and optimal coordination of efforts.

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Recommendation 11: That community consultation mechanisms be described in the new regulations and that the principle of “by us and for us” be reflected in any changes to the framework in order to foster predictability for community representatives.

2. Human resources as the cornerstone of a bilingual Manitoba

- A truly bilingual Manitoba and the strengthening of bilingualism in the offer of services is a major aspiration for the health and social services sector.
- However, this vision cannot be achieved without the passion and dedication of bilingual individuals who work in and support the provincial health and social services system in French.
- Recruiting, training and integrating a new generation of professionals who can work in both languages into the labour market is essential for a truly bilingual Manitoba.
- The shortage of bilingual workers in the health and social services sector is severe and has a real impact on the accessibility of French-language services in Manitoba.
- This is a complex issue that requires close cooperation between decision-makers, post-secondary institutions, health and social services institutions, and community leaders at all levels.
- Despite a significant number of programs/services, organizations and institutions designated as bilingual or Francophone, many designated positions remain vacant or are filled by people who do not speak French.
- This is a troubling situation that has real impacts on French-speaking Manitobans, including the most vulnerable Francophones.
- This includes seniors, newcomers, pregnant women, children, and 2SLGBTQIA+ individuals, as well as those with low incomes or disabilities, among others.
- With regard to unions, the lack of bilingual representation in the Provincial Health Labour Relations Services (PHLRS) results in a lack of representation of Francophone interests at the bargaining table, among other things.
- Unfortunately, the level of intervention required to move this issue forward goes well beyond the capacity and expertise of community organizations such as Santé en français.
- Targeted interventions at the provincial government level would therefore be necessary to ensure progress in this area.

A community project seeking concrete solutions

“The waiting lists for services are so long that we don’t want to add another delay in receiving this service in French. Besides, will I even receive the same quality of service as in English? Especially in rural areas. We need more bilingual workers throughout the province.”

- Francophone organizations are working hard to promote careers in health and social services and encourage more students to pursue graduate studies.
- For example, the Vitalité santé! project, led by Réseau Compassion Network (RCN) and funded by Health Canada through the Société Santé en français (SSF), brings together a number of organizations to promote collective action in this area.
- This includes a steering committee and a partners’ Table comprising: RCN, Shared Health-Soins communs, the Université de Saint-Boniface (USB), Santé en français, the Winnipeg Regional Health Authority (WRHA), the Centre de santé Saint-Boniface, the Division scolaire

franco-manitobaine (DSFM), the Economic Development Council for Manitoba Bilingual Municipalities (CDEM), Accueil francophone, St. Boniface Hospital, Actionmarguerite, the Department of Families, and Southern Health-Santé Sud.

- Project initiatives include, among others:
 - An interactive curriculum for students in the DSFM and immersion schools;
 - An integrated system for assessing the French language skills of candidates for bilingual positions in health care;
 - Consultations to develop customized training for Francophone nursing assistants.
 - These activities address four opportunities and challenges in recruiting bilingual workers, among the 18 issues identified in a study at the start of the project:
 - Attracting young people to careers in health care
 - Assessing French language skills
 - Addressing the shortage of health care aides
 - Developing pathways for newcomers to Manitoba
- The project's goal is to solve complex problems by working as a network and taking a deeply systemic approach.
- A truly bilingual Manitoba can only thrive and survive if the community is directly involved in finding solutions through its associations and representative structures that coordinate community efforts.
- That said, it is important to note that the Vitalité santé! project will end on March 31, 2028, as it was planned from the outset that Health Canada would not fund the continuation of the project.
- It would be important for the province, through Shared Health – Soins communs, to play a leading role in taking over the project and ensuring that the momentum gained is not lost.

Recommendation 12: That the new bilingualism strategy include financial measures to support key institutions and organizations so that they can continue to address the bilingual labour shortage through structural initiatives aimed at promoting careers in health and social services, including in FL1 and FL2 school divisions, and that the Province commit to sustaining these projects over the long term.

Recommendation 13: That the Province specifically aim to sustain the flagship project of Manitoba's Francophone partners, Vitalité santé!, once the project ends in March 2028.

Training and promotion as tools for ensuring the next generation of bilingual workers

"The education piece is super important. In post-secondary education, we get student in seats who are a captive audience entering the field. Can we educate them on the bilingual question? This is when we need to sensitize them to the importance of active offer. It would give us more allies!"

- The Université de Saint-Boniface (USB), the only French-language postsecondary institution and a key player in French-language education in Western Canada, has recently seen [an increase in enrollment in its nursing and health studies programs](#).

- To the extent that this victory was made possible by additional funding from the National Health Training Consortium (Consortium national de formation en santé [CNFS]), it underscores the importance of strategic investments in initiatives led by and for the community.
- The USB, through its School of Social Work, also plays a critical role in training professionals in the field of social services.
- However, even if all these new graduates ended up working in the health and social services system, it would not be enough to meet the needs of a bilingual Manitoba.
- The USB must be able to offer many more specialized programs, such as a Bachelor of Arts with a specialization in psychology, among others, as well as an increased number of internships in order to attract students from Manitoba and elsewhere.
- Bilingual students in English-language universities should also be supported and encouraged to strengthen their language skills and use their French at work.
- There are already good models that can be replicated, such as the language training program developed and offered by the USB to improve the language skills of medical students at the University of Manitoba.
- This type of collaboration between institutions with expertise serves to substantially improve the level of service that Francophones can expect.
- At the same time, the structure of designated bilingual positions must be revisited to maximize bilingual capacity while valuing individuals who, for various reasons, are often hesitant to put their bilingualism forward.
- This includes workload, linguistic insecurity, lack of financial incentives and support from managers, and lack of immediate translation tools.
- It is essential that bilingual individuals feel valued for their contributions to strengthening the French-language health and social services system.

Recommendation 14: That the Province focus on strengthening the Université de Saint-Boniface as a valued medium for training a new generation of bilingual Manitobans who can work in French and English in the health and social services sector.

Recommendation 15: That the strengthening of the USB be achieved both by increasing the number of spots in its existing health and social services programs and by expanding the choice of graduate programs available in French in Manitoba.

Recommendation 16: That the provincial government commit to long-term investment so that university programs at all Manitoba universities develop the skills needed to provide health and social services in French, thereby promoting careers in French and ensuring the implementation of active offer, without replacing the mandate of the Université de Saint-Boniface.

Recommendation 17: That the Manitoba government commit to sustained investment in programming to enhance the benefits and incentives for working in French in the health and social services system, as well as to visibly recognize those who choose to pursue careers in French.

Integrating newcomers into the job market

"We are fortunate to have the social work program at USB. Where we have real challenges is with administrative staff. They need to be able to work in both languages, and we often lose people. They are often newcomers who are overqualified, so they leave."

- From its very beginnings, Manitoba's Francophone community has been built on immigration.
- The arrival of French-speaking people in the province is what allows the community to grow, flourish, and become richer, both economically as well as socially and culturally.
- That said, people from French-speaking countries have unique needs when they arrive in Manitoba.
- This may include limited knowledge of English, which can be a significant barrier to accessing essential health and social services.
- This barrier can become even more problematic when these individuals find themselves in a vulnerable situation and need increased access to services.
- Added to this are discriminatory and racist attitudes on the part of the population and clients, which create additional barriers to their integration at all levels.
- A truly bilingual Manitoba is able to meet the needs of Francophones in extremely vulnerable situations so that they do not fall through the cracks of the system.
- While Francophone immigration increases the demand for French-language health and social services, unfortunately, the growth in supply is not keeping pace.
- This is due in part to the rigidity of professional and union regulations, particularly when it comes to licensing and credential recognition.
- This holds true despite the fact that newcomers often succeed in having their credentials evaluated through World Education Services (WES) Canada, for example.
- While the government is making efforts to attract Francophones through the Manitoba Provincial Nominee Program (MPNP), the fact remains that once they arrive, integration into the labour market is often too difficult, costly and time-consuming.
- They often end up working in fields where their qualifications are of little use or in unilingual positions where they use their French little or not at all.
- A truly bilingual Manitoba must find ways to enable these individuals to integrate quickly and easily into the labour market.
- With regard to unions, the lack of bilingual representation in the Provincial Health Labour Relations Services (PHLRS) results in a lack of representation of Francophone interests at the bargaining table, among other things.
- Unfortunately, the level of intervention required to move this issue forward goes well beyond the capacity and expertise of community organizations such as Santé en français.
- Targeted interventions at the provincial government level would therefore be necessary to ensure progress in this area.

Recommendation 18: That the provincial government enhance collaboration with professional bodies and unions to relax their accreditation recognition criteria and implement a bridge program for Francophone newcomers so that they can integrate more quickly into the health and social services labour market.

Recommendation 19: That all unilingual English-speaking professional bodies implement a dual pathway to allow Francophones, including newcomers, to take all exams and complete the registration process in the official language of their choice.

Recommendation 20: That the *Regulated Health Professions Act* be re-examined with a view to strengthening bilingualism requirements in the practices of professional bodies.

Recommendation 21: That the Province strengthen the Francophone lens in its own recruitment efforts outside Manitoba, for example by organizing missions to Francophone countries to promote the recruitment of health and social services professionals, and by offering English courses to newcomers whose first official language spoken and understood is French.

Recommendation 22: That the Manitoba government establish a provincial committee with the mandate and financial resources to strengthen efforts to recruit bilingual workers from outside the province, including elsewhere in Canada and internationally.

3. Offering Francophones a range of services that meet their diverse needs

Understanding Francophone needs through data collection and integration

"In our institution, we changed our forms to ask: 'Would you like to have access to services in French?' Not everything has to be in French. It could be a volunteer who comes to offer books in French, for example. But you have to ask."

- A truly bilingual Manitoba is a province where Francophones can expect to identify the services they need quickly and predictably.
- It is a province where healthcare providers in all institutions across the province, including those not covered by the Act, know where to refer people who want to be treated in their language and where those people can choose the language of treatment on a case-by-case basis.
- To achieve this, it is necessary to collect and mobilize the right data in the right place.
- The collection and mobilization of evidence is essential to support any health strategy, particularly those focused on people's needs.
- Manitoba's Francophone community commends the government for choosing to include the language variable on its new health card, making Manitoba the second province to do so.
- This decision provides exceptional opportunities for systematic data collection and analysis, as well as for concentrating services where the needs are greatest.
- This is particularly true given the commitment by Shared Health-Soins communs, in its 2025-2030 Strategic Plan, to implement a new Provincial Electronic Health Record and Clinical Information Systems Program.
- For other sectors and institutions, other software may be used or chosen to capture and mobilize data, which requires community involvement in the decision-making process regarding these choices.
- Much work has already been done to measure, among other things, the extent to which the language variable is integrated into user records, thanks to the OZi project.
- In addition, the OZi project is used to measure the capacity of designated institutions, which is an important first step in understanding the capacity of the entire system, including non-designated public institutions and private institutions.
- That said, considerable work remains to be done to promote data cross-referencing in order to reinforce the offer, demand, planning and use of services in French.
- This includes integrating health card data into the computer systems used by providers and implementing processes to validate this information each time a person gains new access to health care and social services.
- Work must also be done to better capture and understand the experiences reported by individuals, including their satisfaction with and accessibility to the services they receive.
- A better understanding of the experiences of Francophones makes it possible to improve their care pathways and also to identify the lack of equivalence with English-language pathways.

- This applies to both health care and social services, where the ability to mobilize data is much more limited.
- Sociodemographic data must also be cross-referenced in order to better understand the unique needs of Francophones in vulnerable situations.
- This includes the [priority Francophone populations](#) identified by Shared Health-Soins communs, with the support of the Provincial Leadership Council – Francophone Health.
- It also includes other priority populations, such as people living on military bases, among others.
- Particular attention must be paid to the systemic barriers faced by these populations: racism, hetero- and cisnormativity, ableism, ageism, and others.
- The implementation of targeted, evidence-based strategies can better address the specific needs of these subpopulations.
- This includes, in particular, concentrating designated bilingual positions where Francophones need them most.

Recommendation 23: That the Province leverage the language variable on the new health card as a tool to better understand the needs of Francophones, integrate the preferred official language into user records, and apply a Francophone lens to the digitization of Shared Health-Soins communs medical records, among other things.

Recommendation 24: That all public entities in Manitoba, including those not covered by the Act, systematically collect information on the languages spoken by individuals receiving health care and social services, and that this information be confirmed at each new point of access.

Recommendation 25: That the Departments of Health and of Families consider setting up a structuring project to triangulate the data obtained from the health card with population data from the latest Statistics Canada census, as well as with organizational data on human resources and the availability of French-language services collected by the OZi project, in order to inform courses of action to strengthen the French-language health services system.

Recommendation 26: That Manitoba establish a formal mechanism to guide the interpretation of any data analysis in order to take into account the effects of linguistic insecurity on the demand for French-language services and their restorative effect on this population.

Recommendation 27: That the collection and analysis of evidence be continuously expanded to take into account the impacts that intersecting identities may have on people whose first, second, or additional language is French.

Recommendation 28: That the Province continue to implement strategies that target priority and vulnerable populations and that these strategies continue to be based on evidence that fully takes into account the diversity of Manitoba’s Francophone community.

Recommendation 29: That the government do everything possible to enhance the Francophone lens in research funding processes, including at Research Manitoba, so that language is included among the criteria for analyzing bias in samples.

Recommendation 30: That analyses of Francophone service providers' offer and demand take into account the fact that they often serve non-Francophones, which creates competition between Francophones and the general population for access to bilingual service providers.

Aiming higher to better serve Francophones, no matter where they are

"The perimeter [of the City of Winnipeg] is a barrier that serves no purpose. It needs to be torn down."

"We work in such silos. If you leave Winnipeg, you lose your social worker just because you moved. It's the mandate of organizations [like the Centre de santé Saint-Boniface] that play a role in this."

- In a truly bilingual province, it is essential that all Francophones have the choice to be served in French during their entire care pathway, regardless of where they live.
- This is true for Francophones living in or around the city of Winnipeg as well as for those living in rural areas or other urban centres.
- To achieve this, it is essential that the French-language referral system between institutions be treated in parallel with the English-language continuum of care, both for the health care system and for social services.
- Once again, the health card can play a decisive role in supporting care planning efforts, especially when data on the first official language spoken and understood is included in patient records.
- Currently, referrals are too often made without taking into account the language of choice of Francophones, even when the initial healthcare professional speaks the language.
- This is particularly true for ambulance services, where the service is geared more toward the availability of the required service than linguistic adequacy.
- This lack of optimization, when reasonable, means that French-speaking patients may find themselves referred, hospitalized, or placed elsewhere than in designated facilities.
- It is a fundamental responsibility to ensure respect for individuals when they are in a vulnerable situation.
- In addition, patient records are often not digitized and are not always transferred, which creates issues in terms of intake and admission.
- With the digitization of medical records and the triangulation of population, linguistic and organizational data, it becomes possible to offer new care pathways in French, regardless of where one is located in the province.
- It also becomes possible to promote the evolution of the model of successful local hubs and districts in the Shared Health-Soins communs Clinical and Preventive Services Plan, in order to ensure greater consistency in the provision of bilingual primary care.
- In particular, strengthening existing infrastructure in rural areas is important in order to serve a critical mass of Francophones in rural areas.
- For example, the municipalities of Ste. Anne, St. Pierre-Jolys and Notre-Dame-de-Lourdes already represent service hubs that can be leveraged.

- It would also be beneficial to monitor the demographic distribution of Francophones in Manitoba and see what could be done to expand services in Brandon (Prairie Mountain Health) and Saint-Laurent (Interlake-Eastern Health Authority), among others.
- Finally, with the rise of online appointments, it is becoming easier for French speakers to access services in French, regardless of where they are located.
- The areas to focus on for maximum impact in the field are:
 - Emergency care
 - Hospital medicine and family medicine
 - Obstetrics and pediatrics
 - Mental health

Recommendation 31: That all Francophones have access to an integrated health care and social services system with referral pathways that allow them to move from one French-language service to another, ideally across the full range of services available in the province, by mobilizing a provincial clinical program under Francophone Health, Shared Health-Soins communs.

Recommendation 32: That the Departments of Health and of Families plan establish formal mechanisms for collaboration with Shared Health-Soins communs, health authorities, designated facilities, the Francophone Affairs Secretariat and Santé en français, among others, to create coordinated strategies aimed at improving French-language pathways for primary care and social services across the province and strengthening referral and admission mechanisms.

Recommendation 33: That the Province, through ongoing consultation with the community, plan for the expansion and coordinated deployment of mobile teams to provide care across regions, both rural and urban, with a view to optimizing resources.

Recommendation 34: That the Departments of Health and of Families invest in a person-centred approach to serve priority Francophone populations and maximize the impact of services in the field.

Strengthening access to primary care for Francophones across the province

"In rural areas, it's difficult to find a doctor. If we go to the city, we're told to return outside the city. Whereas the opposite [Winnipeggers going to rural areas for care] happens regularly. It's unfair."

"In Thompson, for example, even though the Francophone population is growing, it's not easy to recruit people because it's a small community. We recruit in Winnipeg, and as soon as they have a little experience, they return to Winnipeg. We need to find new ways to serve them: by phone? By videoconference?"

- Primary care is often the first point of contact for Francophones seeking all the services they need.
- This includes social services, many of which are provided by a multidisciplinary team in primary care clinics, while others are provided in third-party facilities.

- In 2013, all health care partners rallied behind a shared vision for the future:

“To provide care without borders, through an integrated network of continuous, high-quality primary health care and social services in French, to better serve all French-speaking Manitobans.”

- This means breaking down the barriers that separate services from one another, including between health care and social services, which, when integrated to support and guide those most at risk, can transform their lives for the better.
- This includes, among others, people experiencing complex poverty, whose needs are acute and for whom the message must be that there is no wrong first point of contact, no wrong way into the system.
- The future of a truly bilingual Manitoba lies in creating a simplified and inclusive system that addresses physical, mental, and social health.
- Currently, too many people fall through the cracks because they are turned away for purely administrative reasons. Manitoba can and must do better.
- While this aspiration continues to guide the health and social services working groups, demographic changes and the evolution of healthcare services across the province mean that new needs are constantly emerging.
- For example, there is a pressing need for primary health care services in the southeast quadrant of the city of Winnipeg, particularly in St. Vital, Island Lakes, Royalwood and Sage Creek, where [the proportion of Francophones is particularly high](#).
- Following the addition of St. Vital residents to the mandate of the Centre de santé Saint-Boniface in 2022,² the Centre now serves a potential population equivalent to 24.39% of the total population of the city of Winnipeg.
- In rural areas, the lack of primary care close to patients puts pressure on emergency rooms and specialized services, as well as on patients who sometimes have to travel further.
- Communities with a high concentration of Francophones where quality services already exist in French are leverage points that can be used to provide more primary care in rural areas.

Recommendation 35: That the provincial government incorporate the comprehensive vision of 2013 into the new strategy for a truly bilingual Manitoba and ensure that any new initiative advances the ultimate goal of breaking down barriers to place French-speaking individuals at the centre of the Francophone continuum of health care and social services.

² Since 2022, the target clientele of the Centre de santé Saint-Boniface has been the French-speaking population of Winnipeg as well as all residents of Saint-Boniface and Saint-Vital.

Recommendation 36: That the Manitoba government include measures in the new strategy to increase the provision of primary care in communities with a high concentration of Francophones where services already exist, particularly in rural areas.

Recommendation 37: That the opening of a second location for the Centre de santé Saint-Boniface in St. Vital be considered in order to bring French-language primary care closer to patients and optimize interdisciplinary services and existing space, for the benefit of residents of both neighbourhoods and all Francophones living in the city of Winnipeg.

4. Supporting vulnerable populations through social and mental health services

- Social services and family services are essential for ensuring that Francophones in Manitoba, particularly those living in extremely vulnerable situations, can also thrive and access vital services in French.
- This is also a strategic area in which to invest, as social services are a form of preventive health care that reduces pressure on the health care system.
- In fact, the network of social and family service providers often acts as a health safety net that prevents individuals from falling through the cracks.
- This includes the vulnerable population of newcomers, who often find themselves in emergency housing and have pressing basic needs (shelter, food, etc.). These individuals also have significant needs in terms of French-language services.
- This also includes mental health clients, a sector that often overlaps with health and social services and for which French-language service planning is particularly precarious.
- It is essential that all stakeholders in the various sectors work together to develop a support ecosystem to assist people facing complex issues.
- That said, the sector suffers from a chronic lack of investment, which means that it lags considerably behind the health care system at virtually every level.
- This includes data collection and integration, and the availability of IT tools to better plan and customize service offerings – especially for certain sub-populations with unique and specific needs.
- This includes, for example, transgender people or Franco-Métis people, whose needs are known but mainly anecdotal.
- As the sector receives much less funding than the rest of the health care system, a modest increase in investment could make a world of difference for these institutions.
- For several years, a service purchase agreement with the Manitoba government has enabled Santé en français to offer support to designated bilingual subsidized organizations in the planning and delivery of French-language services.
- Santé en français also supports two designated bilingual authorities (General Child and Family Services Authority, and the Child and Family All Nations Coordinated Response Network – ANCR).
- Support services include:
 - translation into French;
 - coordination of language training for staff;
 - assistance in acquiring French-language resources and developing bilingual signage;
 - advice on the implementation and ongoing management of French-language service delivery policies and strategies.
- In 2024-2025, Santé en français submitted a request to renew funding for support services for designated bilingual social service agencies.
- This was particularly urgent, as the number of designated bilingual facilities has more than doubled since the last agreement (from 5 to 10, with 3 more added in 2024).

- The needs of facilities and authorities are growing and varied, requiring support tailored to their stage of development (awareness, structuring, consolidation).
- This requires a high degree of flexibility in service delivery.
- Fortunately, funding has been renewed to enable Santé en français to achieve the following objectives:
 - Establish and maintain ongoing relationships of trust with key stakeholders in each of the designated bilingual agencies.
 - Strengthen the advisory service.
 - Facilitate networking, sharing and exchange opportunities among key stakeholders in designated bilingual agencies.
 - Promote and continue to offer translation, language training, documentary resources, and signage services.
- However, as the number of designations continues to grow – which is to be applauded – the fact remains that these funds will become insufficient as expectations rapidly increase.
- Beyond support services, it is essential to strengthen:
 - the child protection system and accessibility services;
 - the mental health, addiction and homelessness system, which falls under Shared Services;
 - the training and recruitment of bilingual workers and the designation of bilingual positions.

Recommendation 38: That the new strategy include a commitment to increase funding for the Francophone social and mental health services sector so that it can ease pressure on the health care system and enhance the capacity of institutions to strengthen French-language services and work as a network to further integrate service delivery for all populations.

Recommendation 39: That the Province provide increased funding for the support services offered by Santé en français so that the organization can adequately respond to the substantial increase in demand that is expected.

Recommendation 40: That the Manitoba government work to further integrate and harmonize health care with social services and mental health, both in terms of service delivery and interdepartmental coordination and planning of care and French-language services plans.

Recommendation 41: That Santé en français be included in discussions on any changes in this regard so that the voice of Francophones is taken into account before and during the change.

Conclusion

- Santé en français and its partners from the health and social services sector would like to thank the government for its initiative to survey Manitobans on the issue of making Manitoba a truly bilingual province.
- This is an important issue for the sector and for Manitoba's Francophone community as a whole.
- The partner organizations are always willing and happy to offer their time and expertise to support the provincial government in its initiatives, including this one.

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Appendix B – Groups and institutions consulted as part of this process

As part of this project, Santé en français consulted a total of 47 people, excluding the consultation team. Most represented their institutions, while some participated as individuals, as provided for in the Santé en français governance model.

The groups consulted were the following:

- Santé en français governance team – September 23, 2025
 - Santé en français Board of directors and team
 - Southern rural consultation table
 - Urban consultation table
- Managerial Table for Health – September 25, 2025
- Managerial Table for Social Services – September 25, 2025
- Department of Families (2 focused interviews) – October 1 and 7, 2025
- Vitalité Santé! Project (focused interview) – October 1, 2025
- Network of provincial coordinators – Santé en français – October 2, 2025
- Provincial Leadership Council – Francophone Health – October 6, 2025

These include include representatives of the following establishments:

- Accueil francophone
- Action Cancer Manitoba
- Actionmarguerite
- Centre de santé Saint-Boniface
- Collectif LGBTQ* du Manitoba
- Office of the Commissioner of Official Languages (observer)
- Fédération des aînés franco-manitobains
- St. Boniface Hospital
- MBS Residence
- Department of Families of Manitoba
- Designated Bilingual Health Authorities
 - Interlake-Eastern Health Authority
 - Prairie Mountain Health
 - Southern Health–Santé Sud
 - Winnipeg Health Authority
- Pluri-elles
- General Child and Family Services Authority
- Réseau Compassion Network
- Shared Health-Soins communs
- Société de la francophonie manitobaine
- St.Amant
- Université de Saint-Boniface