the moment he enters an institution. We view parole as a substantial benefit that an inmate must earn by undergoing a testing process. If he wants parole, he must meet the requirements of the correctional plan so established. If he decides that he does not want parole, his alternative is to serve the sentence in confinement.

A correctional plan should cover all aspects of the life of an inmate, provide an outline of goals to be achieved while he is incarcerated, extend through his parole, and be reviewed periodically to assess progress and to redefine the goals to be attained.[5] For example, an inmate should strive to attain objectives in various spheres of his life, e.g., social, vocational, legal, family, financial, etc. He should be assessed on the extent to which he improves his educational or vocational skills. He should repay his victim, if any, even if it is only a nominal amount and he should be judged on the effort he devotes to this undertaking. Should he require psychiatric treatment or counselling, his response to the treatment should be taken into account. His total life situation might require only a minimal amount of readjustment and effort on his part but it should be fulfilled before he is judged to have passed the test and earned consideration for release on parole. In brief, the complexity of the correctional plan would be related to the level of the individual's needs.

While correctional plans must be tailor-made to suit the needs of the individual, they cannot disregard statutory limitations affecting institutional and parole agencies. They cannot be viewed on the same basis as a medical treatment plan in a hospital setting where the patient's recovery is not restricted by considerations of public protection, deterrence, moral condemnation of behaviour, etc. Written submissions and several witnesses appearing before the Committee proposed the partial or complete removal of time restrictions.[6] This suggests that any correctional plan must be like the medical model which provides for the patient's release as soon as he is able to function on his own. Because medical treatment is limited only by the ability of the patient to get well, it does not follow that correctional treatment should be similarly restricted. We do not accept that correctional plans can be based entirely on the same considerations.

As for the role of the parole authority in a correctional plan, we are of the view that it should be informed periodically of the plans as they are formulated in order to examine the extent to which they meet legal requirements and to express opinions on their adequacy without committing itself to granting parole. It should rather commit itself gradually to another stage of the plan as various goals are attained thus making parole decision-making a gradual process.

It is impossible to foresee all possible combinations which may constitute a correctional plan. Proposals must necessarily deal with matters in a general manner and leave the sorting out of individual cases to the officials directly responsible for them. But we believe that the concept of an individual correctional plan is applicable to all those sentenced to incarceration whether for long or short periods of time and whether they are capable of formulating plans or not. Parole and prison services should supplement and coordinate this kind of individual correctional programming to attain the maximum good for the community and the offender.