CHOOSING CARE

Overnight care at home: sleeping, waking or live-in?

Sleeping nights, waking nights, live-in carers and telecare compared, with a night log to help you choose and the funding routes London families can use.

By the JNP Sidona team · 13 November 2026 · 11 min read

There are five main options for overnight care at home. A sleeping night carer can be woken. A waking night carer stays up all night. A live-in carer can help with an occasional call. Telecare alarms and sensors call for help. A night sitter lets a family carer sleep. Which one fits depends on how often your parent needs help at night and what kind of help it is. A two-week record of their nights usually settles it.

KEY POINTS

- Before you choose, keep a night log for two weeks: when your parent wakes, what they need and how long it takes.
- If they need help once or twice on some nights, a sleeping night carer or a live-in carer may be enough. If they need help several times most nights, or someone has to keep an eye on them, look at waking nights or a care home.
- There is no standard price for a night of care. Sleeping nights usually cost less. One reason is the minimum wage rules: a sleep-in carer is paid the minimum wage only for time they are awake to work. Compare written quotes, and ask what happens if the carer is woken often.
- Telecare can raise the alarm, but it cannot help your parent off the floor. Some councils supply a basic system after a home assessment.
- If your parent needs supervision at night, they may qualify for Attendance Allowance: £76.70 a week, or £114.60 if they need help or supervision both day and night (2026/27 rates). They must usually have needed the help for at least 6 months.

- Ask the GP why your parent is waking. Pain, some medicines and conditions such as dementia can all disturb sleep, and some causes can be treated.

What are the options for overnight care at home?

The NHS says (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/homecare/) paid care at home can mean help "for only an hour a week or for several hours a day, or at night". Most night-time arrangements are one of the options below, or two of them used together.

Overnight care options compared

Option	Who is there at night	Can work for	Not enough when
Telecare (alarms and sensors)	Nobody. A monitoring centre, or a relative's phone, is alerted.	Someone who sleeps well but might fall, wander or leave the cooker on.	Your parent needs hands-on help, or would not press a button or wear a pendant.
Sleeping night carer	A carer who sleeps in a spare room and can be woken.	Occasional help, such as one trip to the toilet or reassurance after a bad dream.	Your parent needs help several times a night, or needs watching.
Waking night carer	A carer who stays awake for the whole shift.	Frequent help, turning in bed, wandering at night, or the last weeks of life.	A nurse is needed at any hour. If two people are needed for every move, you need two carers or a different setting.
Live-in carer	A carer who lives in the home and sleeps there.	Help through the day, plus an occasional call at night.	Your parent needs help most nights, so the carer cannot rest

Option	Who is there at night	Can work for	Not enough when
			enough to work the next day.
Night sitting as respite	A sitter who comes in so a family carer can sleep.	A partner or relative who does the nights and is exhausted.	It is needed every night. Then it is a care arrangement, so plan it as one.

How much does overnight care cost?

No official or standard price for a night of care is published. Each agency sets its own price per night or shift, and we give ours only after a free home assessment. The NHS says (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/homecare/) that if you are paying for yourself, an agency should be able to give you a clear price list, and suggests asking which services are charged as extras.

The one fixed figure is the legal floor for the carer's pay. From 1 April 2026, the National Living Wage (https://www.gov.uk/national-minimum-wage-rates) for workers aged 21 and over is £12.71 an hour (2026/27), and GOV.UK lists £13.21 from 1 April 2027. That is background, not a price: it is the least a carer can be paid for each hour that counts as work, and it is not what an agency charges you.

These are the things that move the price:

- **Sleeping or waking.** A waking night is paid as a full working shift, a sleeping night is not. The next section explains why.
- **Night-time pay.** The Homecare Association (https://www.homecareassociation.org.uk/resource/minimum-price-for-homecare-2026-2027.html) publishes a minimum price for homecare each year. Its 2026/27 price leaves out "any enhancements for unsocial hours working", so a daytime hourly rate is no guide to what a night costs.
- **One carer or two.** If your parent needs two people to move them safely, two carers have to be there for the night.
- **How often the carer is woken.** If a sleeping night turns into regular broken nights, expect the agency to suggest a waking night instead.

Compare written quotes, not figures from adverts, and ask what would make the price change. To help pay, look at Attendance Allowance, council funding after a needs assessment, and NHS continuing healthcare. All three are covered under "Who pays for overnight care?" below.

Sleeping night or waking night: what is the difference?

A **sleeping night** carer arrives in the evening and helps your parent get ready for bed. They then sleep in a bedroom of their own and help if called. A **waking night** carer stays up all night. They check on your parent, help with the toilet or with turning in bed, and are there straight away if your parent gets up.

Why sleeping nights cost less

The government's minimum wage guidance (https://www.gov.uk/guidance/calculating-the-minimum-wage/working-hours-for-which-the-minimum-wage-must-be-paid) covers sleep-in shifts in the care sector. It follows the Supreme Court judgment of 19 March 2021 in *Royal Mencap Society v Tomlinson-Blake*. Sleep-in workers given suitable sleeping facilities are entitled to the minimum wage only for the time they are "awake for the purposes of working". Time when they are allowed to sleep does not count.

The same guidance says that if a worker is expected to be busy for most of the shift, and can only nap between tasks, the minimum wage is likely to be due for the whole shift. A waking night is paid as a full working shift, which is one reason it costs more.

What happens if the carer is woken a lot?

This is the question to settle before you sign anything. A sleeping night only works if the carer actually sleeps. If your parent's needs grow and the carer is up again and again, the arrangement has become a waking night in practice. Ask each agency:

- How many times can the carer be woken before they suggest a waking night instead?
- Do they record each time the carer gets up, and will they show you those records?
- Will the price change, and how much notice will they give?

Get the answers in writing.

Can a live-in carer help at night?

Yes, with an occasional call. A live-in carer has their own room and sleeps in the home, so they are close by if your parent needs the toilet at 3am or wakes up frightened. They are not employed to be up all night as well as all day. Like other workers, they are entitled to rest. The

government's rest-breaks guidance (https://www.gov.uk/rest-breaks-work) gives workers a right to 11 hours' rest between working days, although there are exceptions.

So the honest test is how often the nights are broken. Occasional waking is the exception a live-in carer can cover. Regular broken nights mean the carer is not getting the rest they need, and is soon too tired to work safely the next day. If your parent needs help most nights, you need a separate night carer as well, or a different setting. Our page on 24-hour care at home in London (/24-hour-care-at-home-london) explains what round-the-clock live-in care does and does not cover, and our guide to live-in care vs a care home (/blog/live-in-care-vs-care-home) covers the wider decision.

Live-in care also needs a spare bedroom. In a London flat without one, live-in care is not possible. A waking night carer does not need a bedroom, because they stay up.

Where does telecare fit in?

Telecare is the name for alarms and sensors that alert someone when there is a problem. The NHS lists the main kinds (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/personal-alarms-security-systems-and-keysafes/):

- **Personal alarms,** worn on the wrist or round the neck, or a pull cord, which call for help when pressed.
- **Fall detectors,** built into an alarm or worn as a separate device.
- **Sensors** that notice movement, doors opening, flooding, incontinence, smoke or gas.
- **GPS alarms,** which show family where someone is if they go out.

Telecare works best alongside a person. Wandsworth Council's service (https://www.wandsworth.gov.uk/how-our-alarms-and-sensors-can-help-you), for example, offers a bed sensor that raises an alert if someone leaves the bed and does not return within a set time. It can also turn on a lamp when they get up, or alert a pager carried by a carer in the home. With a sleeping night carer, that means they can be woken when your parent gets up.

The limits

- An alarm only calls for help. Someone still has to get there, so ask who will come and how far away they live.
- Some pendant fall detectors cannot be worn in bed. Wandsworth notes that its tilt-type pendant fall detector cannot be worn in bed.
- The NHS warns (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/personal-alarms-security-systems-and-keysafes/) that an analogue alarm may not work properly with a

digital landline or an internet connection. If your parent's phone line has been switched to digital, check with the alarm provider.

Who pays for telecare?

The NHS says (https://www.nhs.uk/social-care-and-support/care-services-equipment-and-care-homes/personal-alarms-security-systems-and-keysafes/) some councils provide monitoring systems, usually basic ones. Ask adult social services; if they offer one, they will arrange a home assessment. Private systems usually have an installation charge and then a monthly fee. In Wandsworth, for example, the council's Telecare service is for people referred by social services, and its WATCH Lifeline alarm is open to anyone.

Why is your parent awake at night? Check this first

The NHS lists (https://www.nhs.uk/conditions/insomnia/) long-term pain, many medicines, and conditions such as Alzheimer's or Parkinson's disease among the causes of insomnia. It says to see a GP if trouble sleeping has gone on for months, or is making it hard to cope.

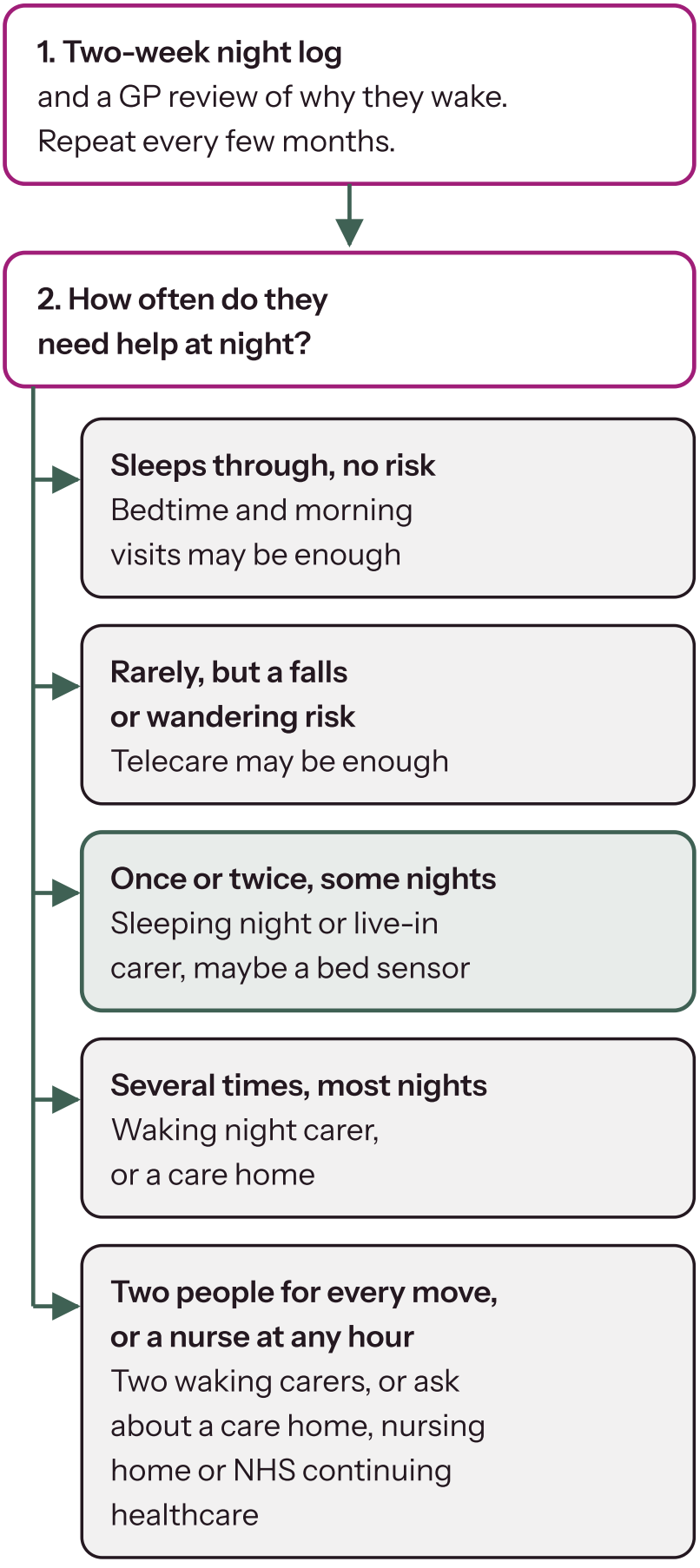
If your parent has dementia, Alzheimer's Society lists common reasons (https://www.alzheimers.org.uk/about-dementia/stages-and-symptoms/sleep) a person with dementia sleeps badly. These include pain, bladder problems that mean frequent trips to the toilet, and side effects of medicines. Some dementia drugs can cause vivid dreams. Alzheimer's Society says (https://www.alzheimers.org.uk/about-dementia/stages-and-symptoms/sleep-problems-treatments-dementia) taking them in the morning instead of at bedtime may help, but ask the GP or pharmacist before changing when your parent takes any medicine.

The NHS says (https://www.nhs.uk/conditions/dementia/living-with-dementia/behaviour/) dementia can upset a person's body clock, so they may get up again and again at night without realising it is night time. Its suggestions include plenty of activity and daylight during the day, a comfortable bedroom with a nightlight or blackout blinds, and less caffeine and alcohol in the evening. If evenings are the hardest time, read our guide to sundowning in dementia.

Be careful with sleeping tablets. Alzheimer's Society says (https://www.alzheimers.org.uk/about-dementia/stages-and-symptoms/sleep-problems-treatments-dementia) sleep medication is not recommended for a person with dementia, and that someone who takes it may be more confused and more likely to fall the next day. Speak to the GP or nurse if sleep problems go on for several weeks. If your parent falls and may have hurt their head, neck, back or hip, or cannot get up, the NHS says (https://www.nhs.uk/conditions/falls/) call 999. If they may be hurt or unwell after a fall, call NHS 111.

How to decide, step by step

1. **Keep a night log for two weeks.** Write down each time your parent wakes, what they needed (toilet, drink, reassurance, turning, wandering) and how long it took. Note any falls.
2. **Ask the GP why they wake.** Take the log to the appointment. The section above covers common causes of broken nights.
3. **Sort the needs.** Is it hands-on help, or someone being there? Is it predictable, or random? Does one person do it, or does it take two?
4. **Ask for a needs assessment.** The NHS says (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/getting-a-needs-assessment/) the council's needs assessment is free and anyone can ask for one. Show the assessor your log.
5. **Match the option to the log.** Use the diagram below. Keep the log going and look at it again every few months, because night-time needs often change.


1. Two-week night log
and a GP review of why they wake.
Repeat every few months.
2. How often do they need help at night?
Sleeps through, no risk
Bedtime and morning visits may be enough
Rarely, but a falls or wandering risk
Telecare may be enough
Once or twice, some nights
Sleeping night or live-in carer, maybe a bed sensor
Several times, most nights
Waking night carer, or a care home
Two people for every move, or a nurse at any hour
Two waking carers, or ask about a care home, nursing home or NHS continuing healthcare

Start from what actually happens at night, not from what you fear might happen. The log gives you and any provider the same facts to work from, and repeating it every few months shows when needs have changed.

Who pays for overnight care?

The council

The council funds care only for needs it has assessed, and a financial assessment decides how much your parent pays towards it. When night-time needs are eligible, the care plan should say how they will be met. That could be through telecare, a night carer, or a direct payment (https://www.gov.uk/apply-direct-payments), which lets you choose and buy the care yourself. The care and support plan (https://www.nhs.uk/social-care-and-support/help-from-social-services-and-charities/care-and-support-plans/) sets out your parent's personal budget and any direct payments. Our guide to paying for care in London (/paying-for-care-london) explains the means test.

Attendance Allowance

Attendance Allowance is for people who have reached State Pension age, and it is not means-tested. The lower rate, £76.70 a week, is for "frequent help or constant supervision during the day, or supervision at night". The higher rate, £114.60 a week, is for "help or supervision throughout both day and night", or for someone nearing the end of life. These are the 2026/27 rates (https://www.gov.uk/attendance-allowance/what-youll-get). Your parent must need the help (https://www.gov.uk/attendance-allowance/eligibility) because of an illness or disability, and must usually have needed it for at least 6 months, unless they are nearing the end of life, when different rules apply. Your night log is good evidence for the claim form, but two weeks of bad nights will not on their own lead to a payment. See our guide to Attendance Allowance rates (/blog/attendance-allowance-rates).

The NHS

Where your parent's needs are mainly health needs, they may qualify for NHS continuing healthcare. The NHS says (https://www.nhs.uk/social-care-and-support/money-work-and-benefits/nhs-continuing-healthcare/) this can be provided in your own home. Near the end of life, Marie Curie (https://www.mariecurie.org.uk/services/hospice-care-at-home) nurses and healthcare assistants provide hospice care at home, "day or night", where the service is available in your area. Your parent's district nurse, GP or hospital team makes the referral, and will talk with you about whether it is right and how much care would help.

If a family member does the nights

Carers UK (https://www.carersuk.org/help-and-advice/your-health-and-wellbeing/taking-a-break/) lists a night-sitting service as one kind of respite, "where someone will come into your home to allow you to have a proper night's sleep". Alzheimer's Society says (https://www.alzheimers.org.uk/get-support/help-dementia-care/types-replacement-care) care agencies may also provide night-time care, if asked, so that you can get some sleep. The NHS says (https://www.nhs.uk/social-care-and-support/support-and-benefits-for-carers/carer-breaks-and-respite-care/) councils only fund respite for people they have assessed, so ask for a carer's assessment (/blog/carers-assessment-guide) for yourself as well as a needs assessment for your parent.

Questions to ask any provider about nights

- Is this a sleeping night or a waking night, and what exactly will the carer do?
- What time does the shift start and end? Does it include helping my parent to bed and getting them up?
- Where will the carer sleep or sit? Do you need a spare bedroom?
- What happens if my parent falls and the carer cannot get them up alone?
- Who covers the night if the carer is ill?
- What is written in the care plan about nights, and how often is it reviewed?

Agencies that provide personal care (https://www.cqc.org.uk/guidance-regulation/providers/registration/scope-registration/regulated-activities/personal-care), such as help with washing, dressing or the toilet (https://www.legislation.gov.uk/uksi/2014/2936/regulation/2), must be registered with the Care Quality Commission (CQC) (https://www.cqc.org.uk/about-us), which regulates health and adult social care in England. Check the provider's CQC page before you agree to anything. Where an agency only introduces a carer you then employ or pay yourself, the CQC does not regulate that arrangement (https://www.cqc.org.uk/guidance-providers/registration/personal-care-ongoing-role-introductory-agencies-individual-care), so ask who is responsible for the carer's checks, training and cover.

Questions families ask

Can visiting carers do a late bedtime call and an early morning call instead?

Can I employ a night carer myself instead of using an agency?

What if both parents need help at night?

Is a camera or baby monitor enough?

How we can help

To be clear about what we do at night: JNP Sidona Support Services provides live-in care across London (/live-in-care-london), for individuals and for couples, and we do not currently provide separate sleeping-night or waking-night shifts. A live-in carer can settle your parent at bedtime and help with an occasional call in the night, then sleeps in their own room. If your parent needs someone awake most of the night, one live-in carer is not enough, and we will tell you that plainly at the assessment so you can look at other options, such as a care home with staff awake at night. Our sit-in service (/sit-in-service-london) covers a few hours in the day or evening, not whole nights.

We are registered with the CQC (registered October 2023, not yet inspected), and our office is on Lewisham High Street, SE13. Jackie, our registered manager, will visit for a free home assessment. Bring your night log. We give you a written care plan, and a quote after the assessment. See the areas we serve (/areas-we-serve).

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About this guide

Written by the JNP Sidona team using the official sources listed above, which we checked on 9 October 2026. Rules, rates and thresholds change, usually each April, so always confirm the current position with the source or your council. This guide is general information, not medical, legal or financial advice. If you spot something out of date, email info@jnpsidonasupportservices.co.uk (mailto:info@jnpsidonasupportservices.co.uk) and we will correct it.